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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
23192	Jamestown Four Corners, Inc.

3. Street Address Principal Business Office	City	State	Zip
125 Narragansett Ave	Jamestown	RI	02835

4. Business Phone No.	5. State of Incorporation
401.423.2123	RI

6. Brief Description of the Character of Business Conducted in Rhode Island
to deal in Real Estate

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Michael F. Smith	530 West Reach Drive	Jamestown	RI	02835
Vice President Name	Street Address	City	State	Zip
Jan C. Smith	PO Box 9	Mt. Holly	VA	22524
Secretary Name	Street Address	City	State	Zip
Michael F. Smith	530 West Reach Drive	Jamestown	RI	02835
Treasurer Name	Street Address	City	State	Zip
Helen H. Smith	530 West Reach Drive	Jamestown	RI	02835

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Michael F. Smith	530 West Reach Drive	Jamestown	RI	02835
Director Name	Street Address	City	State	Zip
Kathleen Schomp	9 Hillview Drive	Westerly	RI	02891
Director Name	Street Address	City	State	Zip
Helen H. Smith	530 West Reach Drive	Jamestown	RI	02835
Director Name	Street Address	City	State	Zip
Jan C. Smith	PO Box 9	Mt. Holly	VA	22524

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	2	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature 1/8/09 *Date*

Michael F. Smith
Print or Type Name

[redacted] President / Secretary
Title

File Date	1-12-09
Check No.	2083
By:	MMC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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