

A. Ralph Mollis, Secretary of State Corporations Division 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.

2009

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days afte	r the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 58720	2. Name of Corporation CIRCLE REALTY, INC.				
3. Street Address Principal Business Office P. O. Box 19254			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 946-3873 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character GENERAL REAL ESTATE	of Business Conducted in Ri	oode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPAC : Vice President Name	ES BEFORE USING A	ITACHMENTS
Thomas Santagata			William Santagata		
P. O. Box 19254			P. O. Box 19254		
Johnston	State RI	7.10 02919	<i>Čity</i> Johnston	State RI	²⁻⁽⁾ 02919
Secretary Name Thomas Santagata			Treusurer Name William Santagata		
Street Address P. O. Box 19254			Street Address P. O. Box 19254		
Johnston	State RI	^{Zip} 02919	<i>сцу</i> Johnston	State RI	^{Zip} 02919
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Director Name	CES BEFORE USING	ATTACHMENTS
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	Сир	State	Zip
9. SHARES AUTHORIZED			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filling. See Section 9 of instruction sheet.			2,000	Common	No Par
This report must be executed this report must be executed				ration is in the hands of	of a receiver or trustee,
_					_
			Under penalty of perjury	, I declare and affirm tha	at I have examined this repor

	Under penalty of perjury, I declare and affirm that I have examined this report
	including any accompanying schedules and statements, and that all statement contained herein are true and correct.
ile Date	Signature Contained the and covered. JAMMas Vantagata 1-12-0.
heck No. JAN 1 3 2009	Thomas Santagata
v - [1]	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
TOR OBOILE MICE OF STATE CODE OF ET	Title
	Form 630 Rev. 08/08