

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

401 222 30Filing 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(ccd)) is

In accordance with K.I.G.L. ubject to a penalty fee of \$25.						
1. Corporate ID No. 82756		2. Name of Corporation Besson Realty, Inc.				
3. Street Address Principal Business Office 25 Mary Ann Drive			^{City} Exeter	State RI	02822	
		5. State of Incorporation Rhode Island	ion			
5. Brief Description of the Cha To engage in the busi	ness of a real estate	broker.			A PRINTS CANADA TO STATE OF THE	
. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
President Name Leigh A. Besson			Leigh A. Besson			
Street Address			Street Address			
25 Mary Ann Drive			25 Mary Ann Drive		72.	
City Exeter	State RI	^{Zip} 02822	City Exeter	State RI	02822	
Secretary Name Karen Anne Besson			Treasurer Name Karen Anne Besson			
Street Address 25 Mary Ann Drive			Street Address 25 Mary Ann Drive			
City Exeter	State RI	02822	City Exeter	State RI	^{Zip} 02822	
8. NAMES AND ADDR	ESSES OF THE DIRI	CTORS: ("X" BOX FOR AT	TACHMENT) TILL	IN SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
None Street Address			Street Address			
Sireer Audress						
City	State	Ζip	City	State	Zip	
Director Name	<u></u>	J	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	ZED	ı		D ("X" BOX FOR ATTAC SECTION MUST BE COMPLETE		
			Number of Shares	Class/Series	Par Value	
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.			500	Common	No Par	
This report must be e	xecuted on behalf of	the corporation by an authoriz	ed representative. If the	e corporation is in the han	ds of a receiver or trustee,	
this report must be ex	ecuted on behalf of t	he corporation by the receiver	or trustee.			
					i labia	
			Under penalty (of perjury, I declare and affirm accompanying schedules and :	n that I have examined this rep statements, and that all statem	
			contained herei	in are true and correct.		
			11	Leune Bess	on 1-9-09	
File Date FILE	D		Signature		Date	
Check No.			Karen Anı	ne Besson		
JAN 1 2	2009		Print or Type N			
By:			Treasure	r		
By FOR SECRETA	RY OF STATE USE ONLY		Title			
	· · · · · · · · · · · · · · · · · · ·				Form 630 Rev. 08/08	