



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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 72001		2. Name of Corporation Property Advisory Service Corporation			
3. Street Address Principal Business Office 4 Cathedral Square, Suite 1G			City Providence	State RI	Zip 02903
4. Business Phone No. 401-453-4455		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT, OWNERSHIP, RENTALS, MANAGEMENT, MAINTENANCE, ETC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John B. Bentz		Vice President Name Robert R. Gaudreau, Sr.			
Street Address 1 Fair Oaks Court, South		Street Address 22 Briarbrooke Lane			
City Greenville	State RI	Zip 02828	City Cranston	State RI	Zip 02921
Secretary Name William L. Gaudreau		Treasurer Name Gretchen E. Maurer			
Street Address 4 Chase Lane		Street Address PO Box 5922			
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares 90	Class/Series Common	Par Value 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.

File Date **FILED**
Check No. **JAN 09 2009**
By: **6071**
FOR SECRETARY OF STATE USE ONLY

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: *Robert R. Gaudreau, Sr.* Date: *1/9/09*
Print or Type Name: **Robert R. Gaudreau, Sr.**
Title: **Vice President**