



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

401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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)) i	s subject to a penalty f	ee of \$25.00.	нд ю зне из инкиш терогі ширі	a anny (50) unys apre	er the time prescribed by	
1. Corporate ID No.	2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·	·		
60891		REALTY ASSOC	IATES, INC.			
3. Street Address Principal Business (City	State	Zip	
1495 Newport Av	/e	T	Pawtucket,	RI	02861	
(401) 723-5960 RHODE ISLA			ND			
6. Brief Description of the Character	of Business Conducted in F	Rhode Island	on, sales, purch	asa braka	cago and con-	
Near estate my	On Trenores	, constructi	on, sales, purci	iase, biokei	sultation.	
President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	ACHMENT) TELL IN SPACE: Vice President Name	ES BEFORE USING	ATTACHMENTS .	
Francis L. King			Kevin F. King			
Street Address 195 Quaker Lane			Street Address 195 Quaker Lane			
City	State	Zip	City	State	Zip	
No Sciatuate	RI	02857	No. Scituate,	RI	02857	
Secretary Name			Treasurer Name	•		
Francis L. King			Francis L. King			
Street Address			Street Address			
195 Quaker Lane			195 Quaker Lane			
Cuy	State	Zip	City	State	Zip	
No. Scituate,	R I	02857	i No. Scituate, <i>TACHMENT)</i> ☐ FILLIN SPA	RI	02857	
Director Name	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT)	CES BEFORE USING	G ATTACHMENTS	
Francis L. King			Constance C. King			
Street Address			Street Address			
195 Quaker Lane			195 Quaker Lane			
City	State	Zip	City	State	Zip	
No. Scituate,	R I	02857	No. Scituate,	ŔΙ	02857	
Director Name	J		Director Name			
Street Address			Street Address			
			:			
City	State	Zip	City	State	Zip	
O CHARGE AUTHORIZED (SET BOY FOR ANY	 		_[<u> </u>	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Trainer by Spares	CACCASETIES	rar value	Number of Shares	Class/Series	Par Value	
1000 No Par Value			200	Common	No Par	
						
<u></u>		****				
This report must be executed	on behalf of the corp	oration by an authoriz	ed representative. If the corpo	ration is in the hands	of a receiver or trustee,	
this report must be executed of	on behalf of the corpo	oration by the receiver	or trustee.			
			Under penalty of periur	v I declare and affirm the	hat I have examined this repor	
		_			tements, and that all statement	
1	- 00		contained herein are tru			
File Date	-09		X Trancis	B. Wina	1-13-09	
77	7		Signature	7.7.000	Date	
Check No						
mma			Print or Type Name	KING		
By:		_	rriii or Type Name			
FOR SECRETARY OF STA	TE USE ONLY		PRESIDENT			
		I	Title		F. (20 B. 10/0)	