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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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC			
3. Street Address Principal Business Office		City	State	Zip
20 GRAYS POINT ROAD		CHARLESTOWN	RI	02813
4. Business Phone No.	5. State of Incorporation			
(401) 364-3844	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE MANAGEMENT

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

President Name			Vice President Name		
SARAH WHITTEMORE			THOMAS L. ARNOLD III		
Street Address			Street Address		
70 HUNTERS' HARBOR ROAD			340 LIBERTY SQUARE ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	BOXBOROUGH	MA	01719
Secretary Name			Treasurer Name		
ALEXANDRA ARNOLD			JOHN P. ARNOLD		
Street Address			Street Address		
68 GRAYS POINT ROAD			68 GRAYS POINT ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813

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

Director Name			Director Name		
MARY GIOVAN			FRED POSETTI		
Street Address			Street Address		
SOUTH ARNOLD ROAD			436 HALLOWELL DR.		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	STAMFORD	CT	06902
Director Name			Director Name		
PETER W ARNOLD			ARIANNA MICELI		
Street Address			Street Address		
20 GRAYS POINT ROAD			210 ST DUNSTANS ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	BALTIMORE	MD	21212

9. SHARES AUTHORIZED
2400 NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
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	Class/Series	Par Value
1046	COMMON	NO PAR VALUE

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.

[redacted] 1/16/09
Signature *Date*

PETER W. ARNOLD
Print or Type Name

[redacted] DIRECTOR/CORPORATE SEC'Y
Title

File Date	1-21-09
Check No.	181
By:	MNC

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Form 630 Rev. 08/08

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