

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.

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|---|---|----------------------|--|--|----------------------|
| 1. Corporate ID No.<br>124612   | 2. Name of Corporation AUM Realty, Inc. |                      |  |  |                      |
| 3. Street Address Principal Business Office<br>859 Victory Highway  |   |                      | City<br>West Greenwich   | State<br>RI  | <sup>Zip</sup> 02817 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island  |   |                      |  |  |                      |
| 6. Brief Description of the Character of  | Business Conducted in RE                | oode Island          |  |  | -                    |
| 7. NAMES AND ADDRESSES (  | OF THE OFFICERS:                        | ("X" BOX FOR ATTAC   |  | S BEFORE USING ATTA  | ACHMENTS             |
| President Name  |   |                      | Vice President Name  |  |                      |
| Mukesh Patel  |   |                      | Bhavna patel   |  |                      |
| Street Address<br>859 Victory Highway   |   |                      | Street Address<br>859 Victory Highway  |  |                      |
| City<br>West Greenwich  | State<br>RI                             | <sup>Zip</sup> 02817 | City<br>West Greenwich   | State<br>RI  | 2ip<br>02817         |
| Secretary Name<br>Bhavna Patel  |   |                      | Treasurer Name<br>Mukesh Patel   |  |                      |
| Street Address  |   |                      | Street Address   |  |                      |
| Same  |   | Same                 |  |  |                      |
| City  | State                                   | Zip                  | City   | State  | Zip                  |
| 8. NAMES AND ADDRESSES  | OF THE DIRECTORS                        | S: ("X" BOX FOR ATT  | ACHMENT) 🔲 FILL IN SPAC  | CES BEFORE USING AT  | TACHMENTS            |
| Director Name   |   |                      | Director Name  |  |                      |
| None  |   |                      | None   |  |                      |
| Street Address  |   |                      | Streel Address   |  |                      |
| City  | State                                   | Zip                  | City   | State  | Zip                  |
| Director Name   |   |                      | Director Name  |  |                      |
| None  |   |                      | None   |  |                      |
| Street Address  |   |                      | Street Address   |  |                      |
| City  | State                                   | Zip                  | Сиу  | 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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.  |   |                      | Number of Shares   | Class/Series   | Par Value            |
|   |   |                      | 200  | Common   | No Par Value         |
|   |   |                      |  | A process of the control of the cont |                      |
| 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. |   |                      |  |  |                      |

|           | EUCD                     |             |
|-----------|--------------------------|-------------|
| ≸ile Date | FILED                    | <u> </u>    |
| Check No  | JAN 2 7 2009             |             |
| By:       | 3V 2/089                 | <b>&gt;</b> |
| FOR SI    | ECRETARY OF STATE USE OF | VLY         |

|  | d affirm that I have examined this report, es and statements, and that all statements |
|--|---|
| contained herein are true and correct. |   |
| · pun Go                               | > 1/9/09  |
| Signature                              | Date  |
| Mukesh Patel                           |   |
| Print or Type Name                     |   |
| President                              |   |
| Title                                  |   |

Form 630 Rev. 08/08