

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 2007

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 white to a persolar fee of \$25.00

subject to a penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
3889		Falls Realty Cor	rp.				
3. Street Address Principal Business Q			City	State	Zip OOO1 C		
184 Riverside D	r.		East Providence	R.I.	02915		
4. Business Phone No.		5. State of Incorporation					
401-433-2857		Rhode Island	i				
6. Brief Description of the Character o	f Business Conducted i	in Rhode Island					
7. NAMES AND ADDRESSES	OF THE OFFICER	RS: <i>("X" BOX FOR ATTA</i>	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING	ATTACHMENTS		
President Name J. David Kumiega Street Address 141 Terrace Ave.			Vice President Name				
			Peter S. Kumiega				
			Street Address 42 Badger Lane				
							City
East Providence	R.I.	02915	Brewster	Ma.	02631		
Secretary Name			Treasurer Name				
Patricia A. Kumi	.ega		Joseph A. Kumiega				
Street Address			Street Address				
184 Riversid Dr.			184 Riverside Dr.				
City	State	Zip	City	State	Zip		
East Providence	R.I.	02915	East Providence		02915		
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR AT	<i>tachment</i>) 🗌 fill in spa	ces before usin	IG ATTACHMENTS		
Director Name			Director Name	•			
Joseph A. Kumieg	,a		Christopher Kum	1ega			
Street Address			Street Address				
184 Riverside Dr.			12 Clifton Ave.				
City	State	Zip	City	State	Zip		
East Providence	R.I.	02915	East Providence	R.I.	02915		
Director Name	/	•••••	Director Name				
Patricia A. Kumiega			J. David Kumiega				
Street Address 184 Riverside Dr.			Street Address				
			141 Terrace Ave.				
City	State	Zip	City	State	Zíp		
East Providence	R.I.	02915	East Providence	R.I.	02915		
9. SHARES AUTHORIZED			· 10. Shares issued <i>("x" box for attachment</i>) □				
and the second section of the second section is a second second section of the second section is a second second section section is a second second second section section second section section second section secti	A constitution of the second control of the	And the second statements of the second seco	ISSUED SHARES — THIS SECTION	MUST BE COMPLETED	<u> </u>		
This is formation in assessmently	of record in the C	Office of the Secretory of	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.					None		
			100	Common	None		
			1.419 SECTIO		- 10 A A A A A A A A A A A A A A A A A A		
			\$ 1 MS W/2 1991				
This report must be executed	on behalf of the o	ornoration by an authorize	ed representative. If the corpor	ation is in the hand	ls of a receiver or trustee.		
this report must be executed of							

File Date		F	-11	E	כ		
Check No.		JA	N 2	6 2	009		
Bv:		Ву		191	$\overline{\mathbf{S}}$	99	
	FOR SE	CRETAL	RY OF	STATE L	ISE ONI	X	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	that I have examined this report, latements, and that all statements
contained herein are true and correct.	1-21-09
Joseph A. Kumiega	Date
Print or Type Name	
Treasurer	

Title