

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Providence, RI 02904-2615 401.222.3040

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 fike its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is

| subject to a penalty fee of \$25.0 | | | , , , , , , , | any agree on time presertoea | by taw (R.1.G.L. /-1.2-1501(c&d)) | |
|--|---------------------|--|---|---|-----------------------------------|--|
| 1. Corporate ID No. 125396 | New Wall | 2. Name of Corporation New Walk Properties, Inc. | | | | |
| 3 Street Address Principal Business Office 806 High Street | | | City: Cumberland | State RI | Zip 00004 | |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | 02864 | |
| 6. Brief Description of the Char Own and Manage Real | Estate | | , , , , , , , , , , , , , , , , , , , | | | |
| Michael J. Newman | SSES OF THE OFF | PICERS: ("X" BOX FOR ATT | ACHMENT) TELL IN Vice President Name Michael J. Newma | | NG ATTACHMENTS | |
| Street Address 806 High Street | | | Street Address 806 High Street | | | |
| Cumberland | State RI | ^{Zip} 02864 | <i>նը։</i> Cumberland | State RI | _{Zip} 02864 | |
| Secretary Name Michael J. Newman | | | Treasurer Name Michael J. Newman | | | |
| Street Address 806 High Street | | | Street Address 806 High Street | | | |
| Cumberland | State RI | ^{Zip} 02864 | Cin: | State RI | Zip 02864 | |
| Michael J. Newman | SES OF THE DIRI | ECTORS: ("X" BOX FOR AT | TACHMENT) FILL II Director Name | N SPACES BEFORE US | ING ATTACHMENTS | |
| Street Address 806 High Street | | | Street Address | <u> </u> | | |
| City Cumberland | State RI | <i>Zip</i> 02864 | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City· | State | ZΨ | |
| 9. SHARES AUTHORIZED | * | I | 10. SHARES ISSUED ISSUED SHARES — THIS SEC | ("X" BOX FOR ATTA CTION MUST BE COMPLETE | CHMENT) | |
| 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 | |
| | | | 500 | СОММ | NO PAR VALUE | |
| | | | | | | |
| This report must be execut his report must be execute | ed on behalf of the | e corporation by an authorize corporation by the receiver of | d representative. If the co | orporation is in the han | ds of a receiver or trustee, | |

corporation by the receiver or trustee. 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. File Date Signature Date Check No. Michael J. Newman Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08