

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(e&d)) is

subject to a penalty fee of \$25.00. L. Corborate ID No. 2. Name of Corporation Waterman North Associates, Inc. 75004 3 Street Address Principal Business Office 129 Waterman Avenue North Providence RI 02911 5. State of Incorporation 401-232-0480 RHODE ISLAND 6 Brief Description of the Character of Business Conducted in Rhode Island Real prpoerty management 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Donald DeNuccio **Edward DeNuccio** Street Address Street Address 129 Waterman Avenue 129 Waterman Avenue 02911 02911 North Providence RI North Providence RI ecretary Name Donald DeNuccio **Edward DeNuccio** Street Address 129 Waterman Avenue 129 Waterman Avenue 02911 RΙ 02911 North Providence North Providence RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Donald DeNuccio **Edward DeNuccio** Street Address Street Address 129 Waterman Avenue 129 Waterman Avenue State Z(p)02911 North Providence RI 02911 North Providence RI Director Name Director Name Street Address Street Address Ciți State Z\$p 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Number of Shares Class Series This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Common No Par 300 instruction sheet.

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.

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| JAN 2 8 2009 Check No. | |
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| FOR SECRETARY OF STATE USE ONLY | |

| Inder penalty of perjury, I declare and aff | irm that I have examined this report | t, |
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| ncluding any accompanying schedules an | d statements, and that all statement | S |
| ontained herein are true and correct. | • | |
| ontained herein are true and correct. | | |

Edward DeNuccio

Print or Type Name President

Title

Date