



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

* 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.

1. Corporate ID No. 39771		2. Name of Corporation Regnier Properties, Inc.			
3. Street Address Principal Business Office 100 MIDWAY ROAD, SUITE 19			City CRANSTON	State RI	Zip 02920
4. Business Phone No.		5. State of Incorporation CONNECTICUT			
6. Brief Description of the Character of Business Conducted in Rhode Island ENGAGE IN REAL ESTATE INVESTING THROUGH REAL ESTATE HOLDING, DEVELOPMENT AND SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis A. Regnier			Vice President Name		
Street Address 3505 South Ocean Beach Blvd.			Street Address		
City Highland Beach	State FL	Zip 33431	City	State	Zip
Secretary Name Christine Marcus			Treasurer Name Christine Marcus		
Street Address 100 Midway Road, Suite 19			Street Address 100 Midway Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louis A. Regnier			Director Name Christine Marcus		
Street Address 3505 South Ocean Blvd.			Street Address 100 Midway Road, Suite 19		
City Highland Beach	State FL	Zip 33431	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	common	none

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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File Date 1-29-09

Check No. 218

By: MNC

FOR SECRETARY OF STATE USE ONLY

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.

Christine Marcus 1/26/09
Signature Date
Christine Marcus
Print or Type Name
Treasurer/Secretary
Title