

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 fine of \$25.00

subject to a penalty jee of \$25.							
1. Corporate ID No. <b>66339</b>		2. Name of Corporation R.P. DeFelice Real Estate Company					
3. Street Address Principal Business Office 3970 Post Road			City Warwick	State RI	Zip 02886		
4. Business Phone No. 5. State of Incorporation 401 885-8200 Rhode Island			ttion				
6. Brief Description of the Cha Residential and Comn	aracter of Business Condi- mercial Real Estate	ucted in Rhode Island Brokerage					
7. NAMES AND ADDRI	ESSES OF THE OFF	ICERS: ("X" BOX FOR 2	ATTACHMENT) 🗍 FILL IN	SPACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name	Garage Programme 2			
Roger P. DeFelice, Sr.			Thomas L. DeFelio	Thomas L. DeFelice			
Street Address 236 Main Channel			Street Address 500 S. Ocean Blvc	Street Address 500 S. Ocean Blvd. #704			
cuv <b>Warwick</b>	State RI	<i>Zip</i> 02889	City Boca Raton	State FL	Ζίρ 33432		
Secretary Name David J. DeFelice			Treasurer Name Thomas L. DeFelio	Treasurer Name Thomas L. DeFelice			
Street Address 3970 Post Road			Street Address 500 S. Ocean Blvc	Street Address 500 S. Ocean Blvd. #704			
city Warwick	State RI	<sup>Zip</sup> 02886	<sup>City</sup> Boca Raton	State FL	<sup>Zip</sup> 33432		
3. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL I	N SPACES BEFORE USIN	G ATTACHMENTS		
Director Name  Pogor P. DoFolios 6	2		Director Name	:			
Roger P. DeFelice, Sr.  Street Address				Thomas L. DeFelice			
236 Main Channel			•	Street Address 500 S. Ocean Blvd. #704			
ity	State	Zip	City		1.2.		
Varwick	RI	02889	Boca Raton	State FL	<sup>Zip</sup> 33432		
lirector Name	······································		Director Name		133432		
Street Address			Street Address	Street Address			
ity	State	Zip	City	State	Zip		
. SHARES AUTHORIZI	ED			("X" BOX FOR ATTAC CTION 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.				Class/Series	Pur Value		
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Under penalty of perjury, I declare and affir	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	
Don P. Clef	2/1/09
Signature	Date
Roger P. DeFelice, Sr.	
Print or Type Name	
President	

Form 630 Rev. 08/08