

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 RLG subject to a penalty fee of \$1	.L. 7-1.2-1501(e), each corp 25.00	resultion failing or refusing to file its an	mual report within thirty (30) day	after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 39259						
3. Street Address Principal Business Office 1300 HIGHLAND CORPORATE DRIVE STE 204A			C# CUMBERLAND	State RI	<i>Ζφ</i> 02864	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND				·		
REAL ESTATE	haracter of Business Condu					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name GREGORY D. RICHARD			ACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS 15ce President Name			
Street Address 11 OAK HILL DRIVE			Street Address			
City LINCOLN	State RI	<i>Z</i> ≱∍ 02865	City :	State	2 φ	
Secretary Name GREGORY D. RICHARD			Treasurer Name GREGORY D. RICHARD			
Street Address 11 OAK HILL DRIVE			Street Address 11 OAK HILL DRIVE			
LINCOLN	RI	<i>z_y,</i> 02865	City LINCOLN	RI	<i>Z</i> ∌ 02865	
8. NAMES AND ADDI Director Name GREGORY D. RIC		CTORS: ("X" BOX FOR AT	TACHMENT) THE IN S Director Name	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 11 OAK HILL DRIVE			Street Address			
City LINCOLN	State RI	249 02865	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zφ	City	State	Zφ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES THIS SECTION MUST BE COMPLETED			
This information is cu	recently of record in th	e Office of the Secretary 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.			600	Common	NO PAR VALUE	
This report must be ex his report must be exe	ecuted on behalf of the ecuted on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the cor or trustee.	poration is in the hand	s of a receiver or trustee,	
			Underlev-es	inn I dada a a a a a		
			including any accomp	ury, a declare and affirm to partying schedules and sta	that I have examined this report tements, and that all statemen	

File Date	FILED			
Check No.	FEB 17 2009			
Ву:	By 3904			
F	OR SECRETARY OF STATE USE ONLY			

including	nalty of perjury, I do any accompanying bezein are true and	schedules an	firm that I have examined this report. Indistancents, and that all statements
Contanieu	LLC 1	COHECI.	2-6-09
Signature	Reary)	His	Date C
Print Con Y	pe Name 2052 de	t.	
Title			Form 630 Rev. 08/08