



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 fee of \$25.00.

1. Corporate ID No. 67701		2. Name of Corporation A+D REALTY INC		
3. Street Address Principal Business Office 281 RESERVOIR AVE		City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-728-2554		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ARTHUR A DIFILIPPO		Vice President Name DIANNE C DIFILIPPO		
Street Address 281 RESERVOIR AVE		Street Address 281 RESERVOIR AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI
Secretary Name DIANNE C DIFILIPPO		Treasurer Name ARTHUR R DIFILIPPO		
Street Address 281 RESERVOIR AVE		Street Address 281 RESERVOIR AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION 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.		Number of Shares 500 NO PAR	Class/Series	Par Value NO PAR
		VALUE		

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.

<b>FILED</b>	
File Date	FEB 17 2009
Check No.	By 1309
By:	
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.

Signature: Arthur R Difilippo Date: 2-13-09  
 Print or Type Name: ARTHUR R DIFILIPPO  
 Title: PRESIDENT