

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.30Filing 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.

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1. Corporate ID No. 2. Name of Corporation Real Full Inc.					
3. Street Address Principal Business C	7 - 1	\	Warren	State R	zφ 02885
4. Business Phone No.	149	5. State of Incorporation Rhode	Tsland		
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Valente			Vice President Name Pohom A Volente		
street Address. 36 Banden Ln.			Street Address 36 Racden Lane		
Warren	State R	^{zip} 02885	warren .	State P	^{zip} 02885
Rebecca J. Fikiet			Frederic Name		
Street Address Pationce Un			Street Address Barden Lane		
"Warren	State R	^{zip} 02885	city warren	state R 1	²⁴ 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сцу	State	Zip
9. SHARES AUTHORIZED		ı	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			3025	Common	No par
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.					
tins report must be executed t	on behan of the corpe	nation by the receiver (r trustee.		
Under penalty of perjury, I declare and affirm that I have examined this report,					
rincluding any accompanying schedules and statements, and that all statements contained herein are true and correct					
FFR 1 2 2009 Signature Date					
Ry 9683 Repecca J. Fikiet					<u>t</u>
FOR SECRETARY OF STA	TE USE ONI V		- Decretor	<u></u>	
Thile Form 630 Rev. 08/08					