



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. 10813		2. Name of Corporation GILBERT & MALONEY REALTY, INC.			
3. Street Address Principal Business Office 170 RHODES STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-521-3138		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, SELLING, LEASING AND OTHERWISE DEALING IN REAL ESTATE AND REALTY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM E. MALONEY			Vice President Name WILLIAM E. MALONEY		
Street Address 145 BELMONT ROAD			Street Address 145 BELMONT ROAD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name WILLIAM E. MALONEY			Treasurer Name WILLIAM E. MALONEY		
Street Address 145 BELMONT ROAD			Street Address 145 BELMONT ROAD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM E. MALONEY			Director Name		
Street Address 145 BELMONT ROAD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares NONE	Class Series NONE	Par Value 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.

File Date	2-19-09
Check No.	2038
By:	MME
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: William E. Maloney
Date: 2/18/09
WILLIAM E. MALONEY
Print or Type Name
PRESIDENT
Title