



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 02901-2615  
401.223.3610

**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)) shall be subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                                   |                    |                                                                 |                                                                     |                               |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|----------------------------|
| 1. Corporate ID No.<br><u>12855</u>                                                                                                                                                                               |                    | 2. Name of Corporation<br><u>M.F. SOUSA + Sons Realty, INC.</u> |                                                                     |                               |                            |
| 3. Street Address Principal Business Office<br><u>41 FORD LN.</u>                                                                                                                                                 |                    | City<br><u>WARWICK</u>                                          |                                                                     | State<br><u>RI</u>            | Zip<br><u>02888</u>        |
| 4. Business Phone No.<br><u>401-785-2210</u>                                                                                                                                                                      |                    | 5. State of Incorporation<br><u>RI</u>                          |                                                                     |                               |                            |
| 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<br><u>MANUEL F. SOUSA</u>                                                                                                                                                                          |                    |                                                                 | Vice President Name<br><u>JOHN M. SOUSA</u>                         |                               |                            |
| Street Address<br><u>41 THOMAS LN.</u>                                                                                                                                                                            |                    |                                                                 | Street Address<br><u>41 THOMAS LN.</u>                              |                               |                            |
| City<br><u>CRANSTON</u>                                                                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02921</u>                                             | City<br><u>CRANSTON</u>                                             | State<br><u>RI</u>            | Zip<br><u>02921</u>        |
| Secretary Name<br><u>MANUEL F. SOUSA</u>                                                                                                                                                                          |                    |                                                                 | Treasurer Name<br><u>MANUEL F. SOUSA</u>                            |                               |                            |
| Street Address<br><u>SAME AS ABOVE</u>                                                                                                                                                                            |                    |                                                                 | Street Address<br><u>SAME AS ABOVE</u>                              |                               |                            |
| City                                                                                                                                                                                                              | State              | Zip                                                             | City                                                                | State                         | Zip                        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                                |                    |                                                                 |                                                                     |                               |                            |
| Director Name                                                                                                                                                                                                     |                    |                                                                 | Director Name                                                       |                               |                            |
| Street Address                                                                                                                                                                                                    |                    |                                                                 | Street Address                                                      |                               |                            |
| City                                                                                                                                                                                                              | State              | Zip                                                             | 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) <input type="checkbox"/> |                               |                            |
| 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.<br><u>990 CLASS B</u><br><u>5000 COMM NO PAR VALUE</u> |                    |                                                                 | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                               |                            |
|                                                                                                                                                                                                                   |                    |                                                                 | Number of Shares<br><u>1000</u>                                     | Class Series<br><u>COMMON</u> | Par Value<br><u>NO PAR</u> |
|                                                                                                                                                                                                                   |                    |                                                                 | <u>10 CLASS A</u>                                                   | <u>990 CLASS B</u>            |                            |

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                       | <u>FEB 19 2009</u> |
| Check No.                       |                    |
| By:                             | <u>By 9464</u>     |
| 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 Manuel F. Sousa Date 2/19/09  
Print or Type Name Manuel F. Sousa  
Title President