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.	2. Name of Corporation			
104411	HAR-LEE Realty Corp, Inc			
3. Street Address Principal Business Office		City	State	Zip
195 CARLTON RD		NEWTON	MA	02468
4. Business Phone No.	5. State of Incorporation			
617-243-0444	DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Rental Property - Retail				

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: G. MICHAEL BERKOWITZ	Vice President Name: G MICHAEL BERKOWITZ
Street Address: 195 CARLTON RD	Street Address: 195 CARLTON RD
City: NEWTON State: MA Zip: 02468	City: NEWTON State: MA Zip: 02468
Secretary Name: G. MICHAEL BERKOWITZ	Treasurer Name: G. MICHAEL BERKOWITZ
Street Address: 195 CARLTON RD	Street Address: 195 CARLTON RD
City: NEWTON State: MA Zip: 02468	City: NEWTON State: MA Zip: 02468

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: G. MICHAEL BERKOWITZ	Director Name:
Street Address: 195 CARLTON RD	Street Address:
City: NEWTON State: MA Zip: 02468	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

3,000 NO PAR

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		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.

[redacted]

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.

[redacted] 2/17/09
Signature *Date*

G. MICHAEL BERKOWITZ
Print or Type Name

PRESIDENT
Title

[redacted]

File Date **FILED**
Check No. FEB 19 2009
By: By 3917
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08