



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. 101856		2. Name of Corporation 1178-1194 Pontiac Avenue, Inc.	
3. Street Address Principal Business Office CJO GJS Management - 858 Washington Street		City Dedham	State MA
4. Business Phone No. 781-329-3000		5. State of Incorporation DELAWARE	
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE AN EQUITY INTEREST IN AND SERVE AS A MEMBER OF 1178-1194 PONTIAC AVENUE, LLC A RI LIMITED LIABILITY COMPANY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
President Name JOHN R. SALVATORE		Vice President Name GREGORY J. SALVATORE	
Street Address 466 SUMMER STREET		Street Address 4 JORIE LANE	
City WESTWOOD	State MA	Zip 02090	City WALPOLE
Secretary Name GREGORY J. SALVATORE		Treasurer Name JOHN R. SALVATORE	
Street Address Same as above		Street Address Same as above	
City	State	Zip	City
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series common
		Par Value \$1.00	
		THIS SECTION MUST BE COMPLETED	

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 2-23-09  
Check No. 336  
By: MNC  
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 [Signature] Date 1/29/08  
Print or Type Name Gregory J. Salvatore  
Title Vice President