

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(codd)) is

| subject to a penalty fee of \$25.00. | . 1901(c); each terperanorija | | | | · |
|--|--|--|---|---------------------------|--|
| 1. Corporate ID No. 101856 | 2. Name of Corporation 1178-1194 Pontiac Avenue, Inc. | | | | |
| 3. Street Address Principal Business C/O GJS Management | ncipal Business Office nagement - 858 Washington Street | | City Dedham | State MA | <i>Z</i> ф 02826 |
| 4. Business Phone No. 781-329-3000 | | 5. State of Incorporation DELAWARE | | 200 | |
| 6. Brief Description of the Character TO ACQUIRE AN EQUITY | INTEREST IN AND | SERVE AS A MEMBE | | | |
| CAMMEN AND ADDRESSES OF THE OFFICERS, ACAT BOX FOR ATTAINED Fresident Name | | | CHMENT) TILL IN SI Vice President Name | PAGES BEFORE USING | Wildern St. St. |
| JOHN R. SALVATORE | | | GREGORY J. SALVATORE | | |
| Street Address 466 SUMMER STREET | | | Street Address 4 JORIE LANE | | |
| WESTWOOD | State MA | ^{Zip} 02090 | City WALPOLE | State MA | 32081 □ |
| Secretary Name GREGORY J. SALVATORE | | | Treasurer Name JOHN R. SALVATORE | | |
| Street Address Same as above | | | Street Address Same as above | | |
| City | State | Zip | City | State | Zψ |
| 8. NAMES AND ADDRESSE | S OF THE DIRECTOR | S: <i>(*x* box for at</i> | : (ACHMENT) | SPACES BEFORE USIN | G ATTACHMENTS |
| Director Name | TO THE STATE OF TH | er er far far far far far far far far far fa | Director Name | | : 1 |
| JOHN R. SALVATORE | | | GREGORY J. SALVATORE | | |
| Street Address | | | Street Address SAME AS ABOVE | | \$ 1.25 A |
| SAME AS ABOVE | State | Zip | City | State | |
| | | | | | L Sand |
| Director Name | | | Director Name | | |
| ROBERT R. BERLUTI | | | | | |
| Street Address 44 SCHOOL STREET | | | Street Address | | |
| City BOSTON | State MA | <i>Ζψ</i> 02108 | City | State | ₹ |
| 9. SHARES AUTHORIZED | | | コストが変換さ 正面がらぬしがし コールコンカー | ("X" BOX FOR ATTAC | To and the supplies of the property of the supplies of the sup |
| | | · · · · · · · · · · · · · · · · · · · | | TION MUST BE COMPLETED | |
| 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. | | | Number of Shares | Class/Series | Par Value |
| | | | 100 | common | \$1.00 |
| | | | THIS SEC | TION MUST BE C | |
| This report must be execute | ed on behalf of the cor | poration by an authoriz | ed representative. If the co | orporation is in the hand | ds of a receiver or trustee, |

this report must be executed on behalf of the corporation by the receiver or trustee.

| | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement |
|---------------------------------|---|
| File Date 2-23-09 | eontained herein are true and correct. Date Date |
| Check No. 3.36 By: | Print or Type Name |
| FOR SECRETARY OF STATE USE ONLY | Title Form 630 Rev. 08/08 |