

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATIO | ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50,00* • THIS REPORT MUST BE TYPED OR PE 2009

1. Corporate ID No. 66781	Craig Man	2. Name of Corporation Craig Management Company, Inc.				
3. Street Address Principal Business Office 1061 Willett Avenue			East Providence	State RI	<i>Ζψ</i> 02915	
4 Business Phone No. 5 State of Incorporation (401) 433-4668 Rhode Island					<u> </u>	
6. Brief Description of the Cha Real Estate Managem	racter of Business Condu ent	cted in Rhode Island				
<mark>7. NAMES AND ADDRE</mark> President Name Roland J. Ferland	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SI Vice President Name David J. Ferland	PACES BEFORE USING	ATTACHMENTS	
Street Address 75 Forest Street			Street Address 340 Pound Road			
ाप Providence	State RI	^{Zip} 02906	Cumberland	State RI	^{Zip} 02864	
Secretary Name Roland J. Ferland			Treasurer Name David J. Ferland			
Street Address 75 Forest Stret			Street Address 340 Pound Road			
city Providence	State RI	^{Zip} 02906	Cup Cumberland	State RI	^{Zip} 02864	
B. NAMES AND ADDRE Orrector Name Roland J. Ferland	ESSES OF THE DIRE	ECTORS: ("X" BOX FOR ATT	TACHMENT) THE FILL IN Director Name David J. Ferland	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 75 Forest Street			Street Address 340 Pound Road			
ார Providence	State RI	Zip 02906	City Cumberland	State RI	^{Zip} 02864	
Director Name	d.i.v	J	Director Name		102004	
Street Address			Street Address			
Żity	State	Zip,	City	State	Zip	
. SHARES AUTHORIZE	ED	I	10. SHARES ISSUED (ISSUED SHARES — THIS SECT		*****	
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	No Par	
This report must be executive report must be executive to the executive report must be executed by the report must be executed b	cuted on behalf of th	ne corporation by an authorize e corporation by the receiver	ed representative. If the coor trustee.	rporation is in the hand	Is of a receiver or to	

0 00 00	Under penalty of perjury. I declare and affirm that including any accompanying schedules and stater contained he ein are true and eerrect.
File Date 25-09	Signature State
Check No	Roland J. Ferland
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President Title