

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 1 7-12-1501(e) each corporation failing are refusing to file in angual proper within thing (30) for a first harmonic with R I G 1 7-12-1501(e).

. Corporate ID No. 85127	2. Name of Cor F & E Rea	poration Ity Corporation			
Street Address Principal Business Office 611 Westminster street			Providence	State RI	<i>Ζψ</i> 02909
Business Phone No. 5. State of Incorporation RI		· · · · · · · · · · · · · · · · · · ·			
Manage real propert	Daracter of Business Condu by of every kind and d	escription			
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Eileen Winkler			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 60 East Bel Air Road			Street Address		
ગાપુ Cranston	State RI	^{Zip} 02920	City	Siate	Zip
ocretory Name Richard Winkler			Treasurer Name Milton Winkler		
irrer Address 940 Quaker Lane; Unit # 2907			Street Address 1611 Westminster Street		
70) Varwick	State RI	^{Zip} 02818	City Providence	State RI	^{Zip} 02909
- NAMES AND ADD Prector Name Milton Winkler	RESSES OF THE DIRI	ECTORS: (*X* BOX FOR ATT	ACHMENT) FILL II Director Name	N SPACES BEFORE USIN	G ATTACHMENTS
ireet Address 611 Westminster	Street		Street Address		
no Providence	State RI	7ip 02909	City	State	Zip
Pirector Name			Director Name		
Street Address			Street Address		
Try.	State	Zip	City	State	Zip
SHARES AUTHORI	ZED	•		*** ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	
This information is co	urrently of record in the	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.		100	Common	No Par value	
This report must be ex his report must be ex	xecuted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trus

	Under penalty of perjury, I declare and affirm that I have examined this n including any accompanying schedules and statements, and that all states	
File Date 2-24-09	contained herein are true and correct.	incines
1234	(Signature Date	
Check No	Richard G. Winkler	
m_{\perp} (MMC)	Print or Type Name	
FOR SECRETARY OF STATE USE ONLY	Secretary	
FOR SECRETARY OF STATE USE ONLY	Title	
	Form 630 Rev. 08/0	8