

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

401.222.30

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. | | | | | | |
|--|--|---|--|--|---|--|
| 1. Corporate ID No. 65702 | J.A.L.S.R. | 2. Name of Corporation J.A.L.S.R. REALTY, INC. | | | | |
| 3. Street Address Principal Business Office 1478 Atwood Avenue Suite 211 | | | Gity Johnston | State RI | ^{Ζiμ} 02919 | |
| 4. Business Phone No. 5. State of Incorporation 401-453-2300 Rhode Island | | | | | | |
| 6. Brief Description of the Cha to buy, sell, manage, h | racter of Business Condu nold, finance and ov | cted in Rhode Island wn real estate | · •••••••••••••••••••••••••••••••••••• | | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| 7. NAMES AND ADDRE | esses of the off | ICERS: ("X" BOX FOR ATTA | CHMENT) 🔲 FILL IN | SPACES BEFORE USING | ATTACHMENTS | |
| Allen H. Cicchitelli | | | Vice President Name Allen H. Cicchitelli | | | |
| Street Address 1478 Atwood Avenue Suite 211 | | | Street Address 1478 Atwood Avenue, Suite 211 | | | |
| City Johnston | State RI | ^{Zij} , 02919 | City Johnston | State RI | ^{Ζψ} 02919 | |
| Secretary Name Allen H. Cicchitelli | | | Treasurer Name Allen H. Cicchitelli | | | |
| Street Address 1478 Atwood Avenue, Suite 211 | | | Street Address 1478 Atwood Avenue, Suite 211 | | | |
| City Johnston | State RI | ^{Ζψ} 02919 | Gity Johnston | State RI | ^{Zip} 02919 | |
| | SSES OF THE DIR | ECTORS: ("X" BOX FOR AT | TACHMENT) 🗌 FILL I | IN SPACES BEFORE USIN | IG ATTACHMENTS | |
| Director Name Allen H. Cicchitelli | | | Director Name | | | |
| Street Address 1478 Atwood Avenue, Suite 211 | | | Street Address | | | |
| _{City} Johnston | State RI | <i>Zip</i> 02919 | City | State | Zip | |
| Director Name | | | Director Name | *************************************** | | |
| Street Address | | | Street Address | | | |
| City | State | Ζip | City | State | Zip | |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION 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 | No Par | |
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| this report must be execution the execution of the contract of | cuted on behalf of the track of the cuted on behalf of the | he corporation by an authorize the corporation by the receiver | ed representative. If the or trustee. | corporation is in the hand | ls of a receiver or trustee, | |
| | | | | | | |
| | | | Under penalty of | perjury, I declare and affirm | that I have examined this repor | |
| | <u> </u> | , | including any acc | companying schedules and state true and correct. | atements, and that all statemen | |
| File Date | 24-09 | | aluflio | while, fress | | |
| Check No | 069 | | Allen H. C | icchitelli | Date | |
| By: | | | Print or Type Name President | | | |
| FOR SECRETARY | OF STATE USE ONLY | | Title | | | |