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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.	2. Name of Corporation
70442	A-1 Mobile Homes, Inc.

3. Street Address Principal Business Office	City	State	Zip
35 Columbus Avenue physical address	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
401-~~725-7373~~ 401-725-6200	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
~~trailer park rentals~~ mobile home parks / land rental

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Peter J. Grundy	James R. Grundy
Street Address: 40 Tingley Drive	Street Address: 38 Azalea Road
City: Cumberland / State: RI / Zip: 02864	City: Narragansett / State: RI / Zip: 02882
Secretary Name: Jean Vitali	Treasurer Name: Jean Vitali
Street Address: 43 Langdon Avenue	Street Address: As Above
City: Pawtucket / State: RI / Zip: 02861	City: / State: / Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Peter J. Grundy	James R. Grundy
Street Address: As Above	Street Address: As Above
City: / State: / Zip:	City: / State: / Zip:
Director Name: Jean Vitali	Director Name: None
Street Address: As Above	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
150	Common	No par

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.

[redacted]

[redacted]

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.

Jean D Vitali 2-20-09
Signature *Date*

Jean Vitali
Print or Type Name

Secretary
Title

[redacted]

File Date 2-24-09
Check No. 2071
By: mmc
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31386-5-351205

Form 630 Rev. 08/08