

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

4 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

144841	Linear Ti	(-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(e)). 2. Name of Corporation Linear Title & Closing, Ltd.				
3. Street Address Principal Bi 127 John Clarke Ro	usiness Office O ad		City Middletown	State	Zip	
4. Business Phone No. 401-841-9991		5. State of Incorporation Rhode Island		RI	02842	
6. Brief Description of the Chi. To Provide Real Estat 7. NAMES AND ADDRI President Name Nick Liuzza	ie Tille and Closind	lucted in Rhode Island Services FICERS: ("X" BOX FOR AT	TACHMENT) FILL IN	N SPACES BEFORE USI	NG ATTACHMENTS	
Street Address 127 John Clarke Road			Street Address			
City Middletown	State RI	^{Zip} 02842	City	State	Zip	
Secretary Name Mark B. Bardorf			Treasurer Name Nick Liuzza			
Street Address 36 Washington Square			Street Address 127 John Clarke Road			
City Newport	State RI	^{Zip} 02840	City	State	Zip	
Director Name Nick Liuzza treet Address	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL I Director Name Mark B. Bardorf	N SPACES BEFORE US	ING ATTACHMENTS	
127 John Clarke Road			Street Address 36 Washington Square			
Middletown irector Name	State RI	7ip 02842	City Middletown	State RI	Zip	
Steve Katz			Director Name		[02842	
treet Address 27 John Clarke Road			Street Address			
liddletown`	State RI	^{Zip} 02842	City	State	Zip	
SHARES AUTHORIZEI			10. SHARES ISSUED	 ("X" BOX FOR ATTAC CTION <u>MUST</u> BE COMPLETE	CHMENT)	
This information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			10,211	None	\$1.00	

File Date	FILED
	EB 2 5 2009
вуРу	32294
F	OR SECRETARY OF STATE USE ONLY

	perjury, I declare and affirm that ompanying schedules and statem re true and correct.	I have examined this report, tents, and that all statements
Signature Print of Type Name	Albert Live	2/18/09 Date
Title	President	
		Form 630 Rev. 08/08