

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(cbrd)) is the second of the

2030	2. Name of Corporation BAS Realt	" cy Corporation	,		
3. Street Address Principal Business Office 344 George Washington Highway			Cuy Smithfield	State RI	^{Zip} 02917
4. Business Phone No. 5. State of Incorporate		5. State of Incorporation		<u> </u>	02917
			le Island		
6. Brief Description of the Character of	f Business Conducted in	Rhode Island to eng	age in acquiring, holding, using, managing,		
building, improv	ing, leasing	mortgaging			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR AITA	CHMENT) TILL IN SPACE Vice President Name	ES BEFORE USING	3 ATTACHMENTS
Arthur Mercure III			Sandra Carbone		
Street Address			Street Address		
37-2 Dickinson Avenue			344 Washington Highway		
City N	State	Zip	City	State	Zip
North Providence Secretary Name	RI	02904	Smithfield	RI	02917
	_		Treasurer Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Deborah L Mercure			Arthur Mercure III		
344 Washington Highway			:		
City	State	Zip	37-2 Dickin		
Smithfield	RI	i -	City	State	Zip
8. NAMES AND ADDRESSES	I RI OF THE DIRECTOI	02904 RS: <i>("x" box for att</i>	: No Prov "ACHMENT") □ FILLIN SDAA	RI	02917
intector name		(== ==================================	Director Name	CES BEFORE USIT	IG ATTACHMENTS
Arthur Mercure			Sandra Carb	one	
Street Address			Street Address		
37 Dickinson Avenue			344 Washington HIghway		
City	State	Zip	City	State	Zip
No Providence	RI	02904	Smithfield	RI	02917
			Director Name		
Deborah Mercure					
344 Washington Highway			Street Address		
City	State	Zip	City	State	
Smithfield	RI	02904		sime	Zip
9. SHARES AUTHORIZED	IV.I	1 02904	: 10. SHARES ISSUED ("X"	 BOX FOR ATTAC	 'HMENT) □
			ISSUED SHARES — THIS SECTION		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			400 comm == ===	7	
			400 comm по par va	μue	No par value
TPL:			<u> </u>	<u> </u>	<u></u>
This report must be executed or this report must be executed or	on behalf of the corp	poration by an authorized	d representative. If the corpora	ition is in the hand	ls of a receiver or trustee,
ans report must be executed of	i benan of the corp	oration by the receiver of	r trustee.		
			Under penalty of perjury,	I declare and affirm	that I have examined this report,
2	-	1	contained herein are true	ring schedules and sta	atements, and that all statements
File Date La 27	-09		comained actent alexide	and correct.	
I de Duie	7/				
Check No			Signature		Date
m	22 A .		Arthur Merc	ure III	2/26/2009
By:			Print or Type Name		
FOR SECRETARY OF STAT		President			
	7.72	J	Title		
					Form 630 Rev. 08/08