

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2009

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 106418	2. Name of Corporation Northern RI Homes				
3. Street Address Principal Business Office 696 Douglas Pike			Smithfield	State RI	<sup>Ζφ</sup> <b>02917</b>
4. Business Phone No. 401-232-3900  5. State of Incorporation Rhode Island					
6. Brief Description of the Character of To build, purchase and reno	vate homes, land an	d investment property			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPACE  Vice President Name	CES BEFORE USING	ATTACHMENTS
Christopher P. Clark			Robert C. Shirley		
Street Address 519C Putnam Pike			Street Address 696 Douglas Pike		
Glocester	State RI	<sup>Ζίρ</sup> 02814	City Smithfield	State RI	<sup>Ζφ</sup> 02917
Secretary Name Christopher P. Clark			Treasurer Name Robert C. Shirley		
Street Address 519C Putnam Pike			Street Address 696 Douglas Pike		
Glocester	State RI	<sup>Zip</sup> 02814	City Smithfield	State RI	<sup>Zip</sup> 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.  Director Name  Robert C. Shirley			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  NONE		
Street Address			Street Address		
696 Douglas Pike	State	Zip	City	State	Zip
Smithfield	RI	02917			
Director Name NONE			NONE		
Street Address			Street Address		
Сиу	State	Zip	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
			200 NO PAR VALUE		
This report must be executed this report must be executed				oration is in the nan	ids of a receiver of trustee,
<u> </u>					
			Under penalty of pariy	ner. I doologo and affirm	n that I have examined this report,
EU EN		7	including any accompa	anying schedules and	statements, and that all statements
FILED			contained herein are/true and christs.    White   July 2   125   09   Signature   Date		
FEB 2 7 2009	<u>.</u>				
Check No. 248C	<b></b>		Robert C. Shirley		
Ву:			Print or Type Name		
FOR SECRETARY OF ST.	ATE USE ONLY		Vice President		