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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			
76378	W.H. Properties, Inc.			
3. Street Address Principal Business Office: 8 Sound Shore Drive, Suite 140		City: Greenwich	State: CT	Zip: 06830
4. Business Phone No.: (203) 413-7805	5. State of Incorporation: RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
THE ACQUISITION, SALE, LEASING, RENTAL, MANAGEMENT AND OTHERWISE DEALING WITH COMMERCIAL AND RESIDENTIAL REAL ESTATE

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

President Name: Gary L. Galkin			Vice President Name: N/A		
Street Address: 24 Hammond Hill			Street Address:		
City: Saunderstown	State: RI	Zip: 02874	City:	State:	Zip:
Secretary Name: Same As Above			Treasurer Name: Same As Above		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			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
100	COMMON	NO PAR VALUE

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.

Signature 1-26-09 *Date*

GARY L. GALKIN
Print or Type Name

President
Title

[redacted]

FILED
File Date MAR 02 2009
Check No.
By: By 15136
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30816-6-353685

Form 630 Rev. 08/08