

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(c&d)) is

1. Corporate ID No.	2. Name of Cor	poration		······································	·			
7987	Downing/S	Downing/Salt Pond, Inc.						
3. Street Address Principal Business Office 10 Greene Street			City Providence	State RI	Zip <b>02903</b>			
4. Bustness Phone No. 5. State of Incorporation RI								
6. Brief Description of the Cha Real Estate	racier of Business Condi	icted in Rhode Island						
7. NAMES AND ADDRE President Name Richard P. Baccari	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN S	SPACES BEFORE USING	G ATTACHMENTS			
Street Address 10 Greene Street			Street Address					
<sup>Cuy</sup> <b>Providence</b>	State <b>RI</b>	<sup>Zip</sup> 02903	Сиу	State	Zip			
Secretary Name Linda Martel			Treasurer Name Linda Martel					
Street Address 10 Greene Street			Street Address 10 Greene Street					
City Providence	State RI	<sup>Zip</sup> <b>02903</b>	Cuy Providence	State RI	<sup>Ζψ</sup> <b>02903</b>			
8. NAMES AND ADDRE Director Name Richard P. Baccari	SSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT)   FILL IN Director Name	I SPACES BEFORE USI	NG ATTACHMENTS			
Street Address  10 Greene Street			Street Address					
cuը Providence	State <b>RI</b>	<sup>Zip</sup> 02903	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
O. SHARES AUTHORIZ	ED.	•		("X" BOX FOR ATTAC CTION MUST BE COMPLETE				
This information is cur	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value			
State. Changes require instruction sheet.			100 Common		No Par Value			
		he corporation by an authorize		orporation is in the han	ds of a receiver or trust			
inis report must be exec	uted on behalf of th	ne corporation by the receiver	or trustee.					

File Date	FILED
Check No.	MAR 02 2009
ву:_В	× 10275
	FOR SECRETARY OF STATE USE ONLY

Under per	naky of peri	ury [declare and a	ıffirm that I have e	xamined this report
including	any accomp	panying schedules	and statements, and	that all statements
comained	herein are	tie and correct.		
XLON	4/6	Wolan	2-26-0	9
Signature			Date	
Y	21241	, Dollar	i	
Print or T				
Title				