

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. 18496		2. Name of Corporation Kaye Lawrence Realty, Inc.						
3. Street Address Principal Bi 1985 Smith Street	usiness Office		North Providence	State RI	<sup>Zゆ</sup> 02911			
4. Business Phone No. 5 State of Incorporal Rhode Island			m					
6. Brief Description of the Ch principal agent/broker		cted in Rhode Island ge, lease, etc. real esta	te					
7. NAMES AND ADDR President Name Katherine L. Caito	ESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) THLL IN SP  Vice President Name  Lawrence Caito	· •				
Street Address 1985 Smith Street			Street Address 1985 Smith Street	•				
City Providence	State RI	<sup>Zip</sup> 02911	Gry Providence	State RI	<sup>Zip</sup> <b>02</b> 911			
Secretary Name Katherine L. Caito			Treasurer Name <b>Katherine</b> L. Caito					
Street Address 1985 Smith Street			Street Address 1985 Smith Street	<b>;</b>				
Providence	State RI	<sup>Zip</sup> <b>02911</b>	City Providence	State RI	<sup>Zip</sup> 02911			
8. NAMES AND ADDR Director Name Katherine L. Caito	ESSES OF THE DIRI	CTORS: ("X" BOX FO	R ATTACHMENT)  FILE IN S	SPACES BEFORE USIN	IG ATTACHMENTS			
Street Address 1985 Smith Street			Street Address					
City: Providence	State RI	<i>Ζψ</i> <b>02911</b>	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZ	SED THE CASE OF SAME		10. SHARES ISSUED (	* * *				
This information is cu	rrently of record in the	ne Office of the Secretar	y of Number of Shares	Class/Series	Par Vajue			
State. Changes require instruction sheet.			100	common	none			
			: .					
-		he corporation by an auti	horized representative. If the con	rporation is in the hand	ds of a receiver or trustee,			

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date		FIL	E	)		
Check No.	1	1AR O	2 200	9		- - -
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100	FOR SECRI	ETARY OF	STATE US	E ONLY		

Under penalty of perjury, I declare and a including any accompanying schedules a	-
contained herein are true and correct.	1.1
Signature J. Carto	2/23/09 Date
Katherine L. Caito	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08