RI SOS Filing Number: 200943523400 Date: 03/02/2009 4:00 PM

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			
73008	Cardinal Management Company			
3. Street Address Principal Business Office		City	State	Zip
367 East Greenwich Avenue		West Warwick	RI	02893
4. Business Phone No.	5. State of Incorporation			
401-821-0110	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Land, management and development.

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

President Name	Vice President Name
Joseph Nerone	Linda Nerone
Street Address	Street Address
367 East Greenwich Avenue	367 East Greenwich Avenue
City / State / Zip	City / State / Zip
West Warwick / RI / 02893	West Warwick / RI / 02893
Secretary Name	Treasurer Name
Joseph Nerone	Linda Nerone
Street Address	Street Address
Same as above.	Same as above.
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	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED
600 Comm. No par value

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
None		

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]

FILED
File Date _____
Check No. MAR 02 2009
By: By 8502
FOR SECRETARY OF STATE USE ONLY

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.

Linda Nerone — 02/26/09
Signature — *Date*

Linda Nerone
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 08/08

30837-12-354661