

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(ec/d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 56472	2. Name of Corporation			•	•
	Dunham Hil	l, Inc.			
3. Street Address Principal Business Office 53 Swamp Road			Little Compton	State RI	02837
4. Business Phone No.		5. State of Incorporation			
401-635-4124 Rhode Isla			nd		
6. Brief Description of the Character of	•				
Construction and marketing of modular and custom homes 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS President Name  ! Vice President Name					
Mark G. DeSouza			Colleen DeSouza		
Street Address 53 Swamp Road			Street Address 55 Swamp Road		
Little Compton	State RI	<sup>Zip</sup> 02837	City Little Compton	State RI	Ζφ 02837
Secretary Name Colleen DeSouza			Treusurer Name Mark G. DeSouza		
Street Address 53 Swamp Road			Street Address 53 Swamp Road		
City	State	Zip	City	State	Zip
Little Compton	RI	02837	Little Compton	RI	02837
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT		CES BEFORE USING AT	TACHMENTS
Mark G. DeSouza			Director Name Colleen DeSouza		
Sireel Address 53 Swamp Road			Street Address 53 Swamp Road		
City	State	Zip	City	State	Zip
Little Compton	RI	02837	Little Compton	Į RI	02837
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	Спу	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 Vistue
			200	COMMON	NO PAR VALUE
This report must be executed of this report must be executed of				tion is in the hands of a	receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are true and correct.
Check No. MAR 0 2 2009	Signature  Mark G. DeSouza
By: By 3036	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Tule
	Form 630 Rev. 08/08