STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*A. Ralph Mollis, Secretary of State*
*Corporations Division*
*148 W. River St., 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***

** 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 |
|---|---|
| 91298 | ALVIN STREET ASSOCIATES, INC. II |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 615 JEFFERSON BOULEVARD | WARWICK | RI | 02886 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 4017381910 | RHODE ISLAND |

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PURCHASE, OWN, MAINTAIN, MANAGE, SELL OR OTHERWISE DEALWITH REAL ESTATE.

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| J. Joseph Cannistraci. Jr. | 74 Beckwith Street | Cranston | RI | 02910 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| J. Joseph Cannistraci. Jr. | 74 Beckwith Street | Cranston | RI | 02910 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| J. Joseph Cannistraci. Jr. | 74 Beckwith Street | Cranston | RI | 02910 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| J. Joseph Cannistraci. Jr. | 74 Beckwith Street | Cranston | RI | 02910 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE AT THIS TIME | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 NO PAR VALUE | | |

**10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 | COMMON | NO PAR |

*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]

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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* *Date* 3-3-09

J. Joseph Cannistraci, Jr.
*Print or Type Name*

[redacted] President
*Title*

Form 630 12/05