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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			
116782	R-Bour Holdings, Inc.			
3. Street Address Principal Business Office		City	State	Zip
54 Third Street		Barrington	RI	02806
4. Business Phone No.	5. State of Incorporation			
401-245-4324	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To acquire by purchase, lease or otherwise and to improve and develop real property and other buildings of all kinds and to sell or rent the same to deal in real estate of all kinds

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

President Name			Vice President Name		
Raymond F. Bourassa			Raymond F. Bourassa		
Street Address			Street Address		
54 Third Street			54 Third Street		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Secretary Name			**Treasurer Name**		
Raymond F. Bourassa			Raymond F. Bourassa		
Street Address			Street Address		
54 Third Street			54 Third Street		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806

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

Director Name			Director Name		
Raymond F. Bourassa					
Street Address			Street Address		
54 Third Street					
City	State	Zip	City	State	Zip
Barrington	RI	02806			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	No Par Value		1,000	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]

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.

Raymond Bourassa 1-31-2009
Signature *Date*

Raymond F. Bourassa
Print or Type Name

[redacted] President
Title

File Date 3-3-09
Check No. 2560
By: MNC
FOR SECRETARY OF STATE USE ONLY

30859-3-355061

Form 630 Rev. 12/06