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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			
2922	AGM WALKER STREET REALTY COMPANY			
3. Street Address Principal Business Office		City	State	Zip
221 TUCKERTOWN RD.		WAKEFIELD	RI	02879
4. Business Phone No.	5. State of Incorporation			
(401) 789-0979	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

RECEIVED STATE 2009 MAR -6 PM 2:11 CORPORATIONS DIV

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

President Name			Vice President Name		
ANDREA SARRASIN					
Street Address			Street Address		
221 TUCKERTOWN RD.					
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879			
Secretary Name			**Treasurer Name**		
MARIE SARRASIN			ANDREA SARRASIN		
Street Address			Street Address		
5 COURTWAY ST.			221 TUCKERTOWN RD.		
City	State	Zip	City	State	Zip
NARRAGANSETT	RI	02882	WAKEFIELD	RI	02879

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

Director Name			Director Name		
ANDREA SARRASIN			MARIE SARRASIN		
Street Address			Street Address		
221 TUCKERTOWN RD.			5 COURTWAY STREET		
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879	NARRAGANSETT	RI	02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED 1,000 COMM

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 Value
850	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.

Andrea Sarrasin 3/6/09
Signature *Date*

ANDREA SARRASIN
Print or Type Name

PRESIDENT
Title

File Date FILED
MAR 06 2009
Check No. 082934
By:
FOR SECRETARY OF STATE USE ONLY

2.11

[redacted]

30887-4-343211

Form 630 Rev. 08/08