



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. 123705		2. Name of Corporation PARK MANAGEMENT - 295, INC.			
3. Street Address Principal Business Office 251 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-272-9773		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT					
President Name JAMES T. LYNCH			Vice President Name MICHAEL LAPOLLA		
Street Address ONE SIGNAL RIDGE WAY			Street Address 251 SMITH STREET		
City EAST GREENWICH	State RI	Zip 02818	City PROVIDENCE	State RI	Zip 02908
Secretary Name DANIEL B. DEL PRETE			Treasurer Name RICHARD MICHAUD		
Street Address 105 TEAHOUSE LANE			Street Address 251 SMITH STREET		
City WARWICK	State RI	Zip 02889	City PROVIDENCE	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT					
Director Name JAMES T. LYNCH			Director Name		
Street Address ONE SIGNAL RIDGE WAY			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series COMMON		Par Value NO PAR	
THIS SECTION MUST BE COMPLETED					

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.

FILED
MAR 06 2009

File Date _____
Check No. _____
By: _____
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.

Signature _____ Date 1/22/09
JAMES T. LYNCH
Print or Type Name
PRESIDENT
Title