

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

1. Corporate ID No. 16445	2. Name of Co KRAUS F	2. Name of Corporation KRAUS REALTY, INC.				
3. Street Address Principal Business Office 206 Sage Trail			City N. Kingstown	State RI	7ip 02852	
4. Business Phone No. 5. State of Incorporation 401-885-0979 Rhode Island				02032		
Brief Description of the CREAL ESTATE.	Character of Business Cond	ucted in Rhode Island				
. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT)   FILL IN S	SPACES BEFORE USING	3 ATTACHMENTS	
President Name Gary E. Kraus			Vice President Name			
Street Address			Ellen Kraus			
206 Sage Trail			Street Address 206 Sage Trail			
in N. Kingstown	State RI	7ip 02852	City N. Kingstown	State RI	Zip	
ecretary Name Ilen Kraus	····		Treasurer Name		02852	
treet Address	<u> </u>		Ellen Kraus			
206 Sage Trail			Street Address 206 Sage Trail			
որ I. Kingstown	State RI	<sup>Ζip</sup> 02852	City N. Kingstown	State RI	<i>Zip</i> 02852	
NAMES AND ADDI	RESSES OF THE DIR	   ECTORS: <i>("X" BOX FOR AT</i>	: TACHMENT) □ FILL IN	SPACES REPORT HEIN	UZODZ	
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT			Director Name			
Gary Karus			Ellen Kraus			
Street Address 206 Sage Trail			Street Address			
in	State	Zip	: 206 Sage Trail			
. Kingstown	RI	02852	City N. Kingstown	State	Zip	
rector Name	•••••••••••••••		N. Kingstown  Director Name	RI	02852	
treet Address			Street Address			
ŧν	State	Ζip	City	State	Zip	
SHARES AUTHORIZ	ZED			 <i>("X" BOX FOR ATTAC</i> TION <u>MUST</u> 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	
			200	Common	No par value	
				<del></del>		
is report must be ex-	ecuted on behalf of the	e corneration by an auth	d ====================================			
is report must be exe	cuted on behalf of th	ne corporation by an authorize e corporation by the receiver of	d representative. If the co	rporation is in the hand	s of a receiver or trus	
		pmon by the receiver (	n trustee.			

File Date 3- A	4-09
Check No.	124
Ву:	mnc
FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and a	ffirm that I have examined this report,
including any accompanying schedules a	and statements, and that all statements
contained herein are true and correct.	
NOW Mays	12-15-09
Signature	Date
Gary E. Kraus	
Print or Type Name	
President	
Title	<del></del>