

A. Ralph Mollis, Secretary of State Corporations Division 1-48 W. River Street Providence, RI 02904, 2615

Providence, Rt 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.

. Corporate ID No 33721	2. Name of Corp Twin Oaks	Realty Company	Company				
s. Street Address Principal Business Office 100 Sabra Street			Cranston	State RI	Ζір 02910		
Business Phone No. 401-274-13000		5. State of Incorporation Rhode Island	Rhode Island				
Sale and Rental of R							
resident Name		CERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN S Vice President Name	SPACES BEFORE USING A	ATTACHMENTS		
Villiam DeAngelus III							
street Address 100 Sabra Street			Street Address				
th Cranston	State RI	الار 02910	City	State	Zip		
iccretary Name Nan J. Goldman	RI 02910		Steven Gouveia				
Street Address 681 Smith Street		Street Address 400 Reservoir Avenue					
on: Providence	RI	02908	Cranston	RI State	^{2ip} 02910		
B. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	-	N SPACES BEFORE USING	ATTACHMENT		
Observation Comme			Durector Name Susan Valles-DeAngelus				
Steven Gouveia			Street Address	igcius .			
Street Address 400 Reservoir Ave	nun		135 Albert Avenue				
The Reservoir Ave	State	Zip	: Ctty	State	Zψ		
Cranston	RI	02910	Cranston	RI	02910		
Director Name		J.X=1.15	Director Name				
William DeAngelus	s III		Alan J. Goldman				
Street Address			Street Address				
100 Sabra Street			681 Smith Street				
City	State	Zip	City	State	Zip		
Cranston	RI	02910	Providence	RI			
9. SHARES AUTHOR	IZED			"X" BOX FOR ATTACH	Zip 02910 Zip 02910		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
		the Office of the Secretary of	Number of Shares	Class/Series			
State. Changes required instruction sheet.	ire an additional filing	g. See Section 9 of	1000	COMMON	NO PAR		
This report must be a	executed on behalf of	the corporation by an authoriz	ed representative. If the	cornoration is in the hands	s of a receiver o		
rais report must be e	executed on behan of	the corporation by the receiver	or trustee	corporation is in the flatter	, or a received t		

File Date FILED
Check NMAR 0 6 2009
By: By 309
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this r	eport
including any accompanying schedules and statements, and that all state	ment
contained herein are true and correct.	
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Signature Duling

71 105 Date

Alan J. Goldman
Print or Type Name

Secretary

Title