



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)(7)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 66231		2. Name of Corporation BROMLEY REAL ESTATE CORPORATION			
3. Street Address Principal Business Office 111 MEDWAY ST.			City PROVIDENCE	State RHODE ISLAND	Zip 02906
4. Business Phone No. 401-751-0510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, OWN, HOLD, SELL, DEVELOP, LEASE, IMPROVE AND OTHERWISE DEAL WITH REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NEAL BROMLEY			Vice President Name SYLVIA BROMLEY		
Street Address 111 MEDWAY ST.			Street Address 3500 MASTERPIECE WAY		
City PROVIDENCE	State RI	Zip 02906	City PALM BEACH GRDNS	State FL	Zip 33410
Secretary Name			Treasurer Name NEAL BROMLEY		
Street Address			Street Address 111 MEDWAY ST.		
City	State	Zip	City PROVIDENCE	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			4	CL A VOTING	NO PAR VALUE
			96	CL A NON VOTING	NO PAR VALUE

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.

File Date **FILED**

Check No. **MAR 17 2009**

By: 15056

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.

Neal Bromley 3/16/09
Signature Date

NEAL BROMLEY
Print or Type Name

PRESIDENT
Title