RI SOS Filing Number: 200943998370 Date: 03/19/2009 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
4049	Chateau Ste. Michelle Ltd.			
3. Street Address Principal Business Office		City	State	Zip
6 BROWNING ROAD		WAKEFIELD	RI	02891
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 596-3808	RHODE ISLAND			5579

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE HOLDING COMPANY

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

President Name			Vice President Name		
CHRIS ATHANASIA			JAMES PATRACUOLLA		
Street Address			Street Address		
6 HIGHRIDGE PARK			6 HIGHRIDGE PARK		
City	State	Zip	City	State	Zip
STAMFORD	CT	06905	STAMFORD	CT	06905
Secretary Name			Treasurer Name		
MICHAEL POLLARD			KEN TAMARO		
Street Address			Street Address		
6 HIGHRIDGE PARK			6 HIGHRIDGE PARK		
City	State	Zip	City	State	Zip
STAMFORD	CT	06905	STAMFORD	CT	06905

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

Director Name			Director Name		
CHRIS ATHANASIA			MICHAEL POLLARD		
Street Address			Street Address		
6 HIGHRIDGE PARK			6 HIGHRIDGE PARK		
City	State	Zip	City	State	Zip
STAMFORD	CT	06905	STAMFORD	CT	06905
Director Name			Director Name		
ELIZABETH MARREN					
Street Address			Street Address		
6 HIGHRIDGE PARK					
City	State	Zip	City	State	Zip
STAMFORD	CT	06905			

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 $1.00 PAR VALUE			1000	COMMON	$1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

4048

FILED

File Date MAR 19 2009 10:44

Check No. By 084181

By: tmc

31648-14-327028
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[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.

Signature of Officer — *Date* 03/12/09

KEN TAMARO
Print or Type Name of Officer

V.P. & TREASURER
Title of Officer

Form 630 Rev. 12/03