



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
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. <u>11105</u>		2. Name of Corporation <u>MILLER REALTY INC</u>	
3. Street Address Principal Business Office <u>5 MEADOWBROOK DR</u>		City <u>JOHNSTON RI</u>	State <u>RI</u>
4. Business Phone No. <u>(401) 949-5966</u>		5. State of Incorporation <u>RI</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>OWNER AND OPERATOR OF REAL ESTATE</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>WILLIAM W JONATH</u>		Vice President Name <u>WILLIAM W JONATH</u>	
Street Address <u>5 MEADOWBROOK DR</u>		Street Address <u>5 MEADOWBROOK DR</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>SAME AS ABOVE</u>		Treasurer Name <u>SAME AS ABOVE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>WILLIAM W JONATH</u>		Director Name	
Street Address <u>5 MEADOWBROOK DR</u>		Street Address	
City <u>JOHNSTON</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
<u>2,000</u>	<u>COMM NO PAR VALUE</u>	<u>200</u>	<u>COMMON</u>
			<u>NONE</u>

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 30 2009**  
By: 5425  
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 William W Jonath Date 3/30/08  
Print or Type Name WILLIAM W JONATH  
Title PRESIDENT