



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.<br><u>5441</u>   |                    | 2. Name of Corporation<br><u>CULLEN INC.</u>     |   |                    |                     |
| 3. Street Address Principal Business Office<br><u>99 old River Rd</u>  |                    |  | City<br><u>Lincoln</u>  | State<br><u>RI</u> | Zip<br><u>02865</u> |
| 4. Business Phone No.<br><u>401-333-1237</u>   |                    | 5. State of Incorporation<br><u>Rhode Island</u> |   |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>Real Estate Rental Co.</u>                       |                    |  |   |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |   |                    |                     |
| President Name<br><u>John J. Cullen</u>  |                    |  | Vice President Name<br><u>BARBARA T. CULLEN</u>                     |                    |                     |
| Street Address<br><u>99 old River Rd.</u>  |                    |  | Street Address<br><u>99 old River Rd.</u>                           |                    |                     |
| City<br><u>Lincoln</u>   | State<br><u>RI</u> | Zip<br><u>02865</u>                              | City<br><u>Lincoln</u>  | State<br><u>RI</u> | Zip<br><u>02865</u> |
| Secretary Name   |                    |  | Treasurer Name  |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |   |                    |                     |
| Director Name<br><u>John J. Cullen</u>   |                    |  | Director Name<br><u>BARBARA T. CULLEN</u>                           |                    |                     |
| Street Address<br><u>SAME AS ABOVE</u>   |                    |  | Street Address<br><u>SAME AS ABOVE</u>                              |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| Director Name  |                    |  | Director Name   |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | 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  | Number of Shares  | Class/Series       | Par Value           |
| <u>600</u>   | <u>Common</u>      | <u>\$10</u>                                      | <u>600</u>  | <u>Common</u>      | <u>\$10</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 **MAR 30 2009**  
By 796  
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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 John J. Cullen Date MAR. 30, 2009  
Print or Type Name PRESIDENT  
Title