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A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Stree Providence, RI 02904-261 401.222.3046

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 contemptation foiling an accordance of the contemptation foiling and accordance of the contemptation foiling accordanc

000082719	2. Name of Corpora East Sic	^{non} le Land Corpora	tion		
3. Street Address Principal Busine			CION		
270 Gano Stree	t .		City Providence	State R.I.	^{Zip} 02906
Business Phone No. (401) 331-2002)	5. State of Incorporate	ion		
Rriof Description of the Charact		Rhode Isla	na 		
To purchase, s	sell, mortgage	n Phode Island , rent, loan an	d invest in real est	ate	
. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) - FILL IN OR	1.000	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AZ President Name			Vice President Name	ACES BEFORE USING	ATTACHMENTS
Guy J. Settipane			n/a		
Street Address 270 Gano Street			Street Address		
lity	State	Zip			
Providence	R.I.	02906	City	State	Zip
erretarv Name = 1 -		da	Treasurer Name		
n/a treet Address			n/a		
· · · · · · · · · · · · · · · · · · ·			Street Address		
ity	State	Zip	City		
			City	State	Zip
NAMES AND ADDRESSE	S OF THE DIRECTO	ORS: ("X" BOX FOR	ATTACHMENT) [FILL IN S	 PACES BEFORE HSING	G ATTACHMENTS
n/a			Director Name		o ATTACHMENTS
reet Address					
			Street Address	· · · · · · · · · · · · · · · · · · ·	
ity	State	Zip	City	State	20
			, i	Suite	$\simeq z_{\Psi}$
rector Name			Director Name		2
vet Address					
			Street Address		· 2
tv	State	Zip	City	State	F
CHARG AVIIII ORTHOGOR]_	ĺ		State	Zip
SHARES AUTHORIZED (UTHORIZED SHARES	"X" BOX FOR ATT	ACHMENT)	10. SHARES ISSUED (*.	X" BOX FOR ATTACH	I MENT) [¬
umber of Shares			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Par Value	Number of Shares	Class/Series	Par Value
1000 com	non	\$0.00	100	common	\$0.00
				 	, , , , ,
is report must be executed	on behalf of the con	poration by an authori	zed representative. If the corporate or trustee	oration is in the hands	of a receiver or true
s report must be executed	on behalf of the cor	oration by the receive	er or trustee.		10001voi oi uus
			Under penalty of perjui	y, I declare and affirm the nying schedules and state	at I have examined thi

File Date TILEC	
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including an	y of perjury, I declare and y accompanying schedules rein are true and correct.	d affirm that I have examined this repass and statements, and that all statements	ort.
Signature	\longrightarrow	3/30/09 Date	
Guy J.	Settipane, Esq.		
Print or Type	Name		_