

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- subject to a penalty fee of \$25.00. | 1501(e), each corporation | failing or refusing to file its ann | ual report within thirty (30) d | ays after the time prescribed by l | aw (R.I.G.L. 7-1.2-1501(c&d)) is |
|--|--|---|--|------------------------------------|--|
| 1. Corporate ID No. 108438 | 2. Name of Corporation New England Ir | nvestment Properties, | Inc. | | |
| 3. Street Address Principal Business Office 1481 Atwood Avenue | | | City Johnston | State RI | ^{Zip} 02919 |
| 4. Business Phone No. 5. State of Incorporation 401-861-7788 Rhode Island | | 5. State of Incorporation Rhode Island | | <u> </u> | |
| 6. Brief Description of the Character Managing, Leasing and Re | | | se. | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS | : ("X" BOX FOR ATTA | CHMENT) FILL IN : Vice President Name | SPACES BEFORE USING | ATTACHMENTS |
| Richard J. Colardo, St. | | | Christopher D. Colardo | | |
| Street Address 1481 Atwood Avenue | | | Street Address 1481 Atwood Avenue | | |
| City Johnston | State RI | ^{Ζψ} 02919 | City Johnston | State RI | ^{Zip} 02919 |
| Secretary Name Christopher D. Colaro | | | Treasurer Name Richard J. Colardo, Jr. | | |
| Street Address 1481 Atwood Avenue | | | Street Address 1481 Atwood Avenue | | |
| City Johnston | State RI | ^{Zip} 02919 | City Johnston | State RI | ^{2ip} 02919 |
| 8. NAMES AND ADDRESSES | OF THE DIRECTOR | RS: ("X" BOX FOR ATT | . – | N SPACES BEFORE USIN | NG ATTACHMENTS |
| Director Name Christopher D. Colardo | | | Director Name Richard J. Colardo, Jr. | | |
| Street Address | | | Street Address | | |
| 1481 Atwood Avenue State Zip | | | 1481 Atwood Avenue City State Zip | | |
| Johnston | RI | 02919 | Johnston | RI | ^{Zip} 02919 |
| Director Name | • | •••••••••••• | Director Name | | |
| Richard J. Colardo, Sr. | <u>. </u> | | Street Address | | |
| 1481 Atwood Avenue | | | • | | |
| City Johnston | State RI | ^{Ζip} 02919 | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | |
| | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| 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. | | | 5,000 | Class A | No Par |
| | | | | | |
| This report must be executed | on behalf of the cor | poration by an authorize | d representative. If the | corporation is in the band | Is of a receiver or trustee. |
| this report must be executed | | | | F | , |
| _ | | | | | |
| | | | II- lalaf | | that I have seen in table |
| p | | _ | including any acc | ompanying schedules and st | that I have examined this report, atements, and that all statements |
| | | | contained herein | are true and correct. | 01.1 |
| File Date FILED | | | Signature | | Date CA |
| Check NAUG 2 5 2009 | | | | · D. Colardo | Date |
| 1519 | | | Christopher D. Colardo Print or Type Name | | |
| Py. By | | | Secretary | | |
| FOR SECRETARY OF STA | ATE USE ONLY | | Title | | |