State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 7-1.2-1501(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	2. Name of Corporation		
66980	MJS Realty LTD		
3. Street Address Principal Business Office	City	State	Zip
58 Irving Avenue	Providence	RI	02906
4. Business Phone No	5. State of Incorporation		
401-274-8873	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
to engage in the business of real estate

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

President Name	Street Address	City	State	Zip
Monica Schaberg	58 Irving Avenue	providence	RI	02906
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Frank Schaberg	58 Irving aveneu	providence	RI	02906
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Adrienne Schaberg Filipov	3 Hanover Square No 22A	NY	NY 10004	10004
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Marianne Schaberg	58 Irving Avenue	providence	RI	02906

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

Director Name	Street Address	City	State	Zip
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED 8,000

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
none		

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.

[redacted] [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.

Monica Schaberg 9/14/09
Signature *Date*

Monica J Schaberg
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. SEP 17 2009
By: By 2640
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Form 630 Rev. 08/08