



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. 66075		2. Name of Corporation Seabreeze Real Estate, Inc.			
3. Street Address Principal Business Office 196 Ocean Avenue			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-782-3900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Carrying on business of buying, selling and management of residential real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Robenhymer			Vice President Name Joseph Robenhymer		
Street Address 46 Canonchet Way			Street Address 46 Canonchet Way		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Joseph Robenhymer			Treasurer Name Timothy J. Robenhymer, Esq. - Assistant Secretary		
Street Address 46 Canonchet Way			Street Address 303 Jefferson Blvd., 2nd Floor		
City Narragansett	State RI	Zip 02882	City Warwick	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
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
1000	Common	None	100	Common	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.

FILED OCT 02 2009 By <u>100284</u> L7:8 W7 2-100		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. <u>3/21/09</u> Signature Timothy J. Robenhymer Print or Type Name Registered Agent Title	
File Date	Check No.	By	
FOR SECRETARY OF STATE USE ONLY			