

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 401.222.30 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(e&d)) is

subject to a penalty fee of \$2					
1. Corporate ID No. 26 9	2. Name of Corp. Capital Hor	nes Reality Managemen	it Incorporated		
3. Street Address Principal Business Office 12 Longbow drive			<i>сту</i> West Warwick	State R.I.	<i>Zip</i> 02893
4. Business Phone No. 5. State of Incorporation 401 480 8572 Rhode Island			<u> </u>		
6. Brief Description of the Ca Manage rental prope	haracter of Business Conduc. Ir ties .	led in Rhode Island			
7. NAMES AND ADDI	RESSES OF THE OFFIC	CERS: ("X" BOX FOR ATT	ACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Lewis E. Rheaume			Henri J. Rheaume		
Street Address 114 Burnside ave.			Street Address 89 Salisbury street		
City Seekonk	State Mass.	^{Zip} 02771	City Rehoboth	State Mass.	^{Zip} 0276 9
Secretary Name Henri J. Rheaume			Treasurer Name		
Street Address 89 Salisbury street			Street Address		
City Rehoboth	State Mass.	^{Zφ} 02769	Сйу	State	Zip
8. NAMES AND ADDE	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	<i>TTACHMENT)</i> [] FILL IN	SPACES BEFORE USIN	G ATTACHMENTS(),
Director Name			Director Name		2 3.3
Street Address			Street Address		
City	State	Zip	City	State	(25)
Director Name	••••••••••••••••		Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zíp .
9. SHARES AUTHORI	ZED	l	i 10. SHARES ISSUED	("X" BOX FOR ATTACI	 HMENT) [7
			ISSUED SHARES — THIS SEC	TION <u>MUST</u> 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.			Number of Shares	Class/Series	Par Value
			100	0	0
This report must be ex	secuted on behalf of the	e corporation by an authoriz	zed representative. If the c	orporation is in the hand	s of a receiver or trustee,
this report must be exc	ecuted on behalf of the	corporation by the receiver	r or trustee.		
					that I have examined this repo
			including any acco	mpanying schedules and sta	atements, and that all stateme
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File Date	NOV 13 2009	— _/ ,	Stgnaran	C Quant	71/19/07
Check No.	NOA 13 Sma	m/42	1		Date (.
Check No. By 13 2009 By 7			Lewis E. Rheaume		
			Print or Type Name Procident		
FOR SECRETAR	Y OF STATE SE ONLY		President		
<u> </u>		i	Title		