

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 2006

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 \$25					
1. Corporate ID No	2. Name of Corpo Capital Hom	nes Reality Management	Incorporated		
3. Street Address Principal Business Office 12 Longbow drive			City West Warwick	State R.I.	<sup>Ζip</sup> <b>02893</b>
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Cl Manage rental prope	haracter of Business Conduct erties.	ed in Rhode Island			
	RESSES OF THE OFFIC	ERS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS
President Name Lewis E. Rheaume			Vice President Name Henri J. Rheaume		
Street Address 114 Burnside ave.			Street Address 89 Salisbury street		
City Seekonk	State Mass.	<sup>Zip</sup> <b>02771</b>	cuy Rehoboth	State Mass.	<sup>Zip</sup> 02769
Secretary Name Henri J. Rheaume			Treasurer Name		
Street Address 89 Salisbury street			Street Address		
City Rehoboth	State Mass.	<sup>Zip</sup> 02769	Сиу	State	Zip
B. NAMES AND ADDI	RESSES OF THE DIREC	CTORS: ("X" BOX FOR ATT	<i>TACHMENT)</i> [] 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	Cuy	State	Z#7.
9. SHARES AUTHORI	IZED	1	10. SHARES ISSUED	("X" BOX FOR ATTACI	HMENT)
			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.			Number of Shares	Class/Series	Par Value
			100	0	D
This report must be e	xecuted on behalf of th	e corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee,
		e corporation by the receiver			
			Under penalty of	perjury, I declare and affirm	that I have examined this rep
		<del></del>	contained berein	ompanying achequies and size	atements, and that all stateme
File Date	FILED		Selve	E Gleanne	Date 11/13/09
Check No.	NOV 13 2009		Lewis E. Rh	neaume	· · · · · · · · · · · · · · · · · · ·
BV 1/2 1/2			Print or Type Name		
			President		
FOR SECRETA			Title		
					Form 630 Rev. 08/08