



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 2004

**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)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                |                                                                        |                                                                     |                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------|---------------------------------------------------------------------|----------------|--------------|
| 1. Corporation's Fiscal Year<br>--- 11/2019                                                                                                                |                | 2. Name of Corporation<br>Capital Homes Realty Management Incorporated |                                                                     |                |              |
| 3. Street Address Principal Business Office<br>12 Longbow drive                                                                                            |                |                                                                        | City<br>West Warwick                                                | State<br>R.I.  | Zip<br>02893 |
| 4. Business Phone No.<br>401 480 8572                                                                                                                      |                | 5. State of Incorporation<br>Rhode Island                              |                                                                     |                |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Manage rental properties.                                                   |                |                                                                        |                                                                     |                |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                |                                                                        |                                                                     |                |              |
| President Name<br>Lewis E. Rheume                                                                                                                          |                |                                                                        | Vice President Name<br>Henri J. Rheume                              |                |              |
| Street Address<br>114 Burnside ave.                                                                                                                        |                |                                                                        | Street Address<br>89 Salisbury street                               |                |              |
| City<br>Seekonk                                                                                                                                            | State<br>Mass. | Zip<br>02771                                                           | City<br>Rehoboth                                                    | State<br>Mass. | Zip<br>02769 |
| Secretary Name<br>Henri J. Rheume                                                                                                                          |                |                                                                        | Treasurer Name                                                      |                |              |
| Street Address<br>89 Salisbury street                                                                                                                      |                |                                                                        | Street Address                                                      |                |              |
| City<br>Rehoboth                                                                                                                                           | State<br>Mass. | Zip<br>02769                                                           | City                                                                | State          | Zip          |
| 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                                                                                                                                       |                |                                                                        | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                |              |
| 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. |                |                                                                        | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                |              |
|                                                                                                                                                            |                |                                                                        | Number of Shares                                                    | Class/Series   | Par Value    |
|                                                                                                                                                            |                |                                                                        | 100                                                                 | 0              | 0            |

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.

|                                 |                     |
|---------------------------------|---------------------|
| File Date                       | <b>FILED</b>        |
| Check No.                       | <b>NOV 13 2009</b>  |
| By:                             | <b>BY 025/03842</b> |
| FOR SECRETARY OF STATE USE ONLY |                     |

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.

Signature Lewis E. Rheume Date 11/13/09  
Lewis E. Rheume  
Print or Type Name  
President  
Title