

subject to a penalty fee of \$25.00.

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 3001 Filing Period: January 1 - March 1 - Filing Fee: \$50.00' · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2001

\* 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

Corporate ID No. 2. Name of Corporation Capital Homes Real/ty Management Incorporated					
3. Street Address Principal Business Office 12 Longbow drive			City West Warwick	State R.1.	<sup>Zψ</sup> <b>02893</b>
4. Business Phone No. 5. State of Incorporation Rhode Island					
Brief Description of the Character of Manage rental properties.	f Business Conducted in R	hode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Lewis E. Rheaume			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Henri J. Rheaume		
Street Address 114 Burnside ave.			Street Address 89 Salisbury street		
Cuy Seekonk	State Mass.	<sup>Zip</sup> 02771	City Rehoboth	State Mass.	<sup>Ζφ</sup> 02769
Secretary Name Henri J. Rheaume			Treasurer Name		
Street Address 89 Salisbury street			Street Address		
City Rehoboth	State Mass.	<sup>Zip</sup> 02769	Сйу	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		1.7
City	State	Zip	City	State	<b>ZE</b>
Director Name			Director Name		
Street Address			Street Address		2
City	State	Zip	City	State	<i>ΖΦ</i> .
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  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 executed this report must be executed of	on behalf of the corpon behalf of the corpo	oration by an authorize oration by the receiver of	ed representative. If the coor trustee.	rporation is in the hand	s of a receiver or trustee,
File Date FILE  Check No. NOV 13  By: By: FOR SECRETARY OF STA	D 2009 45/03846	2	Under penalty of perincluding any accommod herein are signature  Lewis E. Rhe  Print or Type Name  President	npanying schoolide and stee rue and confect	that I have examined this report atements, and that all statements.
FOR SECRETARY OF STA	ATE USE ONLY		Title		