

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 2010

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

Second Price Seco	3. Street Address Principal Business Office 559 PUTNAM PIKE 4. Business Phone No. 401-949-5090 6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING, LEASING, DEVELOPING OF REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE UPSIDENT Name DONALD J. DARNBROUGH, JR. Street Address PO BOX 502 City State State Zip City State	02828	
Source Plane	5. State of Incorporation 401-949-5090 6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING, LEASING, DEVELOPING OF REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE UP- President Name DONALD J. DARNBROUGH, JR. Street Address DOUGLAS J. DARNBROUGH	02828	
401-949-5090 RHODE ISLAND 6. Thing Post-option of the Columbian State of Purchashing, LEASING, DEVELOPING OF REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Production Name DONALD J. DARNBROUGH, JR. DOUGLAS J. DARNBROUGH State Address PO BOX 502 47. URSULA DRIVE City State RI 02828 BRISTOL RI 02809 JENNIFER L. DARNBROUGH STATE Address 27. PEACH HILL AVENUE TO BUXTON STREET CITY NORTH PROVIDENCE RI 02911 NORTH SMITHFIELD RI 02896 SINNAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Proceeding Name Director Na	## A01-949-5090 RHODE ISLAND	SING ATTACHMENTS	
PURCHASING, LEASING, DEVELOPING OF REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Provident Name DOUGLAS J. DARNBROUGH State RI DO2828 BRISTOL RI DO2809 State RI DO2	PURCHASING, LEASING, DEVELOPING OF REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE UPresident Name DONALD J. DARNBROUGH, JR. Street Address PO BOX 502 State State Zip City State	SING ATTACHMENTS	
President Name DOUGLAS J. DARNBROUGH	President Name DONALD J. DARNBROUGH, JR. Street Address PO BOX 502 State State Vice President Name DOUGLAS J. DARNBROUGH Street Address 17 URSULA DRIVE State State State State State	SING ATTACHMENTS	
DONALD J. DARNBROUGH, JR. DOUGLAS J. DARNBROUGH Street Address PO BOX 502 Street Address PO BOX 502 Street Address PO BOX 502 Street Address RI DO2828 BRISTOL RI DO2809 Street Address PRESUMER ADDRESS	DONALD J. DARNBROUGH, JR. DOUGLAS J. DARNBROUGH Street Address PO BOX 502 State Zip City State Zip City State		
Street Address PO BOX 502 TO URSULA DRIVE State RI 02828 BRISTOL RI 02809 Secretary Name UENNIFER L. DARNBROUGH Street Address TO BUXTON STREET CITY NORTH PROVIDENCE RI 029911 NORTH SMITHFIELD RI 02896 Street Address NORTH SMITHFIELD RI 02896 Street Address Director Name Street Address Str	Street Address		
GREENVILLE RI 02828 BRISTOL RI 02809 Pressurer Name DILL M. SALINARO			
JENNIFER L. DARNBROUGH SITEM Address 27 PEACH HILL AVENUE TO BUXTON STREET 70 BUXTON SMITHFIELD 81 RI 90 2896 85 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name 81 Director Name 81 Director Name 82 Director Name 82 Director Name 83 Director Name 84 Director Name 95 Director Name 10 SHARES AUTHORIZED 10 SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		Zip 02809	
27 PEACH HILL AVENUE TO BUXTON STREET City NORTH PROVIDENCE RI 02911 City NORTH SMITHFIELD RI 02896 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State Zip City State Zip Director Name Street Address Director Name Director Name Director Name Street Address Director Name		: Treasurer Name	
NORTH PROVIDENCE RI 02911 NORTH SMITHFIELD RI 02896 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Street Address Director Name Director Name Director Name Director Name Street Address Street Address State Zip City State Zip O2896 Street Address Street Address Director Name Director Name Street Address Mreet Address State Zip O3. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Sirect Address City: State Zip City: State Zip Director Name Director Name Street Address Street Address Street Address Street Address Street Address Street Address 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED]			
Street Address City State Zip City State Zip Director Name Street Address 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED]		USING ATTACHMENTS	
City State Zip City State Zip Director Name Street Address Oity State Zip City State Zip O. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Director Name Director Name Street Address Director Name Mreet Address Director Name	Street Address Street Address		
Street Address State Zip City State Zip O. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED	City State Zip City State	χŵ	
Office State Zip City State Zip O. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED	Director Name Director Name		
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED	Street Address Street Address		
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED	City State 7to City	77	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED	$\frac{\partial u}{\partial x} = \frac{\partial u}{\partial x} = $	Ζιφ	
	To strain to the first to the f	_	
THIS INTO HIADON IS CUITEAUTY OF FECOM IN THE ABOVE OF THE NOCTETARY OF T			
State Changes require as additional CD C C C	State. Changes require an additional filing. See Section 9 of 600 COMMON		
matuction street.	matuction spect.	***************************************	
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 to			

Title