

FOR SECRETARY OF STATE USE ONLY

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. subject to a penalty fee of \$25.	7-1.2-1501(e), each corpe 00.	oration failing or refusing to file its t	annual report within thirty (30) day	s after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 151582	2. Name of Corp TROY STF	REET REALTY, CORP.	**************************************		
3. Street Address Principal Business Office 45 TROY ST			PROVIDENCE	State RI	Ζώ 02909-2816
4. Business Phone No. 5. State of Incorporati RI		1			
6. Brief Description of the Cha PURCHASE AND SAL	racter of Business Conduc E OF REAL ESTA	cted in Rhode Island TE			
7. NAMES AND ADDRE	SSES OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) [FILL IN S	PACES BEFORE USING	ATTACHMENTS
KARL KRIKORIAN			Vice President Name KARL KRIKORIAN		
Street Address 303 COUNTRY VIEW DR			Street Address 303 COUNTRY VIEW DR		
WARWICK	State RI	^{Zip} 02886-4254	City WARWICK	State RI	χφ 02886-4254
Secretary Name KARL KRIKORIAN			Treasurer Name KARL KRIKORIAN		
Street Address 303 COUNTRY VIEW DR			Street Address 303 COUNTRY VIEW DR		
City WARWICK	State RI	^{Zip} 02886-4254	City WARWICK	State RI	^{2ip} 02886-4254
8. NAMES AND ADDRE	SSES OF THE DIRE	CTORS: ("X" BOX FOR A		SPACES BEFORE USING	
			Director Name		
treet Address			Street Address		
City	State	Zip	Сиу	State	Zip
Director Name		······································	Director Name	l	
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
9. SHARES AUTHORIZI		i Natrikinga Tinga (190)	: 10. SHARES ISSUED	 ("X" BOX FOR ATTACH	DERNO TO THE STATE OF THE STATE
			ISSUED SHARES — THIS SEC		······································
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of				Class/Series	Par Value
instruction sheet.	an additionar illing.	See Section 9 of	100	COMMON	0
K AN					THE PARTY NAMED IN COLUMN
This report must be exec	cuted on behalf of th	e corporation by an authori	zed representative. If the co	rporation is in the hands	of a receiver or trustee.
this report must be execu	uted on behalf of the	corporation by the receive	r or trustee.		,
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			Under negative of ne	riury I declare and affirm the	hat I have examined this repor
		· · · · · · · · · · · · · · · · · · ·	including any accor	npanying schedules and stat	tements, and that all statemen
File Date / / /	2-2010) <u></u>	contained herein are	true and correct.	1-6-1
<u> </u>	5H1		Signature	100	Date /
Check No.			KARL KRIKORIAN		
Ву:	mne	<u>'ا</u>	Print or Type Name		<u> </u>
EOD SECRETARY O		# # T	PRESIDEN	IT	