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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 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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
62703	MANAGEMENT CONCEPTS INC		
3. Street Address Principal Business Office	City	State	Zip
97 ARMISTICE BOULEVARD	PAWTUCKET	R.I	02860
4. Business Phone No.	5. State of Incorporation		
(401) 723-1234	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE PROPERTY MANAGEMENT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JOSEPH R GIANINO	NONE
Street Address: 95 ARMISTICE BOULEVARD	Street Address: NOT APPLICABLE
City: PAWTUCKET State: RI Zip: 02860	City: NOT APPLICABLE State: NOT APPLICABLE Zip:
Secretary Name: NONE	Treasurer Name: NONE
Street Address: NOT APPLICABLE	Street Address: NOT APPLICABLE
City: NOT APPLICABLE State: NOT APPLICABLE Zip: NOT APPLICABLE	City: NONE State: NONE Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	NONE
Street Address: NOT APPLICABLE	Street Address: NOT APPLICABLE
City: NONE State: NONE Zip:	City: NONE State: NONE Zip:
Director Name: NONE	Director Name: NONE
Street Address: NOT APPLICABLE	Street Address: NOT APPLICABLE
City: NONE State: NONE Zip:	City: NONE State: NONE Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE	NONE	NONE

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.

[redacted]

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 — *Date* January 12, 2010

JOSEPH R GIANINO
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No JAN 13 2010
By: By 5325

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43992-44-429058

Form 630 Rev. 08/08