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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			
4969	COURTHOUSE LANE, INC			
3. Street Address Principal Business Office		City	State	Zip
484 COURTHOUSE LANE		PASCOAG	RHODE ISLAND	02859
4. Business Phone No.	5. State of Incorporation			
401-568-8719	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
OWNING OF REAL ESTATE

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

President Name	Street Address	City	State	Zip
RAYMOND R. CLOUTIER	484 COURTHOUSE LANE	PASCOAG	RHODE ISLAND	02859

Vice President Name	Street Address	City	State	Zip
NORMAND CARRIER	21 DEMING STREET	PAWTUCKET	RHODE ISLAND	02862

Secretary Name	Street Address	City	State	Zip
JEAN SLINEY	500 COURTHOUSE LAND	PASCOAG	RHODE ISLAND	02859

Treasurer Name	Street Address	City	State	Zip
THOMAS ETHIER	6 DORENE DRIVE	NO. SMITHFIELD	RHODE ISLAND	02896

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	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
12	COMMOM	NO PAR VALUE

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] [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.

Raymond Cloutier 01-13-10
Signature *Date*

RAYMOND R. CLOUTIER
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No.
By: JAN 15 2010
By 2764
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Form 630 Rev. 08/08

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