

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. law (R.I.G.L. 7-1,2-1501(c&d))	7-1.2-1501(e), ea	cb corporation failing or re	fusing to file its annual report	within thirty (30) days aj	fter the time prescribed by	
1. Corporate ID No.	2. Name of Co	***********				
132705	I. E. REA	LTY, INC.				
3. Street Address Principal Busines	s Office		City	State	Ζip	
P.O. Box 20498			Cranston	RI	02920	
4. Business Phone No.		5. State of Incorporat				
6. Brief Description of the Characte	er of Business Cond	RHODE ISLA	ND			
LAND HOLDING COM						
7. NAMES AND ADDRESS	S OF THE OF	FICERS: \ ("X\"BOX FOR A	<i>TLACHMENTOC</i> RUGIN	SPACES TERROPE USEN	AATTAGHMENTS . * * . * .	
President Name			Vice President Name		2.30	
Joseph P. Izzo			Audrey R. Elm	an		
Street Address			Street Address			
P.O. Box 20498			P.O. Box 2049	8		
Cranston	State RI	02920	City Cranston	State RI	^{Zip} 02920	
Secretary Name	•	*************************	Treasurer Name	·····		
Audrey R. Elman	- <u>-</u>		Joseph P. Izz	Joseph P. Izzo		
P.O. Box 20498			Street Address P.O. Box 2049	Street Address P.O. Box 20498		
Cranston	State RI	^{Zip} 02920	City Cranston	State RI	^{Zip} 02920	
8. NAMES AND ADDRESSI	I SS OF THE DIF	I RECTORS: <i>\C®X® BOX FOR</i>	ATTACHMENT).	 Nasračerskiherodskihev	 NG AUTACHMENTS	
Director Name N/A		স্কৃতি করি জিল্প এ গ েলক এলগে রে শ ক ্তরি ল	Director Name			
Street Address	···		Street Address			
						
City	State	Ζtp	City	State	Zip	
Director Name			Director Name			
20 111					· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	("Y" ROY FO	DATTACHMENT)	:		Signal beide de de la company de la comp	
AUTHORIZED SHARES	(A DOA PO	WALLACHMENT L	10 SHARES ISSUET			
Number of Shares	Class/Series	Par Value	Number of Shares	ECTION MUST BE COMPLETI Class/Series		
			<u> </u>		Par Value	
1,000 NO PAR VALUE	common	no par value	-200-	common	no par value	
			THIS SE	CTION MUST BE	COMPLETED	
This report must be as	ad an hall 10 o	*41				
this report must be execute	ed on behalf of	the corporation by an auth	norized representative. If the	corporation is in the har	ids of a receiver or trustee,	
1881	11 11 11 11 11 11 11 11 11 11 11 11 11 	I S I I M Mar or a mark a mark	eiver or trustee.			
			Λ			
			Under penalty of	neriury I declare and affirm	m that I have examined this rep	
	*	132705 *	including any acc	companying schedules and	statements, and that all stateme	
		A A . / _ / _ /		are true and correct.		
File Date	Jaka Bartari	1/15/2010		fres.	1-13-2010	
The state of the s		1 / 1/2	Signature	1	Date	

FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare as	nd affirm that I have examined this repor				
including any accompanying schedu	accompanying schedules and statements, and that all statemen				
contained herein are true and correct	t,				
free	1-13-2010				
Signature Joseph P. Izzo	Date				
Print of Type Name President					
Title					