



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State

Corporations Division

100 N. Main Street

Providence, RI 02903

# 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. § 1-2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law shall be subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                               |                                              |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|----------------------------------------------|--------------|--------------|
| 1. Corporation ID No.<br>65233                                                                                                                             |             | 2. Name of Corporation<br>Genese Realty, Inc. |                                              |              |              |
| 3. Street Address Principal Business Office<br>17 Wells Street                                                                                             |             |                                               | City<br>Westerly                             | State<br>RI  | Zip<br>02891 |
| 4. Business Phone No.                                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island     |                                              |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Owning and holding real estate                                              |             |                                               |                                              |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                               |                                              |              |              |
| President Name<br>Ronald J. Serra                                                                                                                          |             |                                               | Vice President Name<br>Francis J. Gencarella |              |              |
| Street Address<br>17 Wells Street                                                                                                                          |             |                                               | Street Address<br>17 Wells Street            |              |              |
| City<br>Westerly                                                                                                                                           | State<br>RI | Zip<br>02891                                  | City<br>Westerly                             | State<br>RI  | Zip<br>02891 |
| Secretary Name<br>Ronald J. Serra                                                                                                                          |             |                                               | Treasurer Name<br>Francis J. Gencarella      |              |              |
| Street Address<br>17 Wells Street                                                                                                                          |             |                                               | Street Address<br>17 Wells Street            |              |              |
| City<br>Westerly                                                                                                                                           | State<br>RI | Zip<br>02891                                  | City<br>Westerly                             | State<br>RI  | Zip<br>02891 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                               |                                              |              |              |
| Director Name                                                                                                                                              |             |                                               | Director Name                                |              |              |
| Street Address                                                                                                                                             |             |                                               | Street Address                               |              |              |
| City                                                                                                                                                       | State       | Zip                                           | City                                         | State        | Zip          |
| Director Name                                                                                                                                              |             |                                               | Director Name                                |              |              |
| Street Address                                                                                                                                             |             |                                               | Street Address                               |              |              |
| City                                                                                                                                                       | State       | Zip                                           | City                                         | State        | Zip          |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                               |                                              |              |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                               |                                              |              |              |
| ISSUED SHARES - THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                               |                                              |              |              |
| Number of Shares                                                                                                                                           |             | Class Series                                  |                                              | Par Value    |              |
| 1000 Shares                                                                                                                                                |             | Common                                        |                                              | No Par Value |              |
| 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. |             |                                               |                                              |              |              |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JAN 15 2010 |
| Check No.                       | By 480      |
| FOR SECRETARY OF STATE USE ONLY |             |

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 Ronald J. Serra Date 1/11/10  
Print or Type Name  
Ronald J. Serra  
President  
Title