



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.**

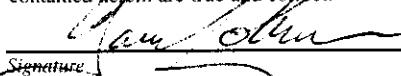
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                  |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>137206                                                                                                                              |             | 2. Name of Corporation<br>Deer Run Estates, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>592 Weaver Hill Road                                                                                        |             |                                                  | City<br>West Greenwich                                              | State<br>RI  | Zip<br>02817 |
| 4. Business Phone No.<br>401-397-5654                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island        |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To construct and sell single family homes                                   |             |                                                  |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                  |                                                                     |              |              |
| President Name<br>Gary Johnson                                                                                                                             |             |                                                  | Vice President Name<br>Gary Johnson                                 |              |              |
| Street Address<br>592 Weaver Hill Road                                                                                                                     |             |                                                  | Street Address<br>592 Weaver Hill Road                              |              |              |
| City<br>West Greenwich                                                                                                                                     | State<br>RI | Zip<br>02817                                     | City<br>West Greenwich                                              | State<br>RI  | Zip<br>02817 |
| Secretary Name<br>NONE                                                                                                                                     |             |                                                  | Treasurer Name                                                      |              |              |
| Street Address                                                                                                                                             |             |                                                  | Street Address                                                      |              |              |
| City                                                                                                                                                       | State       | Zip                                              | City                                                                | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                  |                                                                     |              |              |
| Director Name<br>NONE                                                                                                                                      |             |                                                  | Director Name<br>NONE                                               |              |              |
| 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"/> |              |              |
| 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. |             |                                                  | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |              |              |
|                                                                                                                                                            |             |                                                  | Number of Shares<br>NONE                                            | Class/Series | 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.

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>JAN 19 2010</b> |
| Check No.                       | <b>By 35135</b>    |
| By:                             |                    |
| 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 \_\_\_\_\_ Date **1-5-2010**  
**Gary Johnson**  
Print or Type Name  
**President**  
Title