

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.

1. Corporate ID No. 000003165		2. Name of Corporation 1975 REALTY CORPORATION			
3. Street Address Principal Business Office 11 WINSOR LANE			City JOHNSTON	State RI	<sup>Zip</sup> 02919
4. Business Phone No. (401) 949-1336 5. State of Incorporation RHODE ISLAND				, , , modelman	
6. Brief Description of the Che REAL ESTATE HOLD		cied in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name JOSEPH RAINONE, JR.			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  EILEEN RAINONE		
Street Address 11 WINSOR LANE			Street Address 11 WINSOR LANE		
City JOHNSTON	State RI	<sup>Zip</sup> 02919	City JOHNSTON	State RI	<sup>Ζiρ</sup> 02919
Secretary Name EILEEN RAINONE			Treasurer Name JOSEPH RAINONE, JR.		
Street Address 11 WINSOR LANE			Street Address 11 WINSOR LANE		
City JOHNSTON	State RI	<sup>Zip</sup> 02919	City JOHNSTON	State RI	<sup>Zip</sup> 02919
B. NAMES AND ADDRI Director Name JOSEPH RAINONE		ECTORS: ("X" BOX FOR ATT	ACHMENT) TELL IN Director Name EILEEN RAINONE	SPACES BEFORE USING	G-ATTACHMENTS
Street Address 11 WINSOR LANE			Street Address 11 WINSOR LANE		
City JOHNSTON	State RI	7tp 02919	City JOHNSTON	State RI	<i>Ζιρ</i> 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZ	ED		10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	("X" BOX FOR ATTACE TION <u>MUST</u> BE COMPLETED	IMENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require instruction sheet.	e an additional filing	. See Section 9 of	2,000	COMMON	\$1.00
This report must be executive the case of	ecuted on behalf of t	he corporation by an authorize e corporation by the receiver	ed representative. If the co or trustee.	rporation is in the hands	of a receiver or tr

	Under penalty of perjury, I declare and affirm the including any accompanying schedules and state
File Date FILED	contained herein the true and correct.
Check No. JAN 21 2010	Signafufe JOSEPH RAINONE, JR.
By /////00///	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title