



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

A. Ralph Molits, 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. 164502		2. Name of Corporation BOB COR CORPORATION			
3. Street Address Principal Business Office 140 CROMWELL DRIVE			City PORTSMOUTH	State Rhode Island	Zip 02871
4. Business Phone No. 401-683-7471		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT S. EDENBACH			Vice President Name CORINNE A. EDENBACH		
Street Address 140 CROMWELL DRIVE			Street Address 140 CROMWELL DRIVE		
City PORTSMOUTH	State Rhode Island	Zip 02871	City PORTSMOUTH	State Rhode Island	Zip 02871
Secretary Name CORINNE A. EDENBACH			Treasurer Name ROBERT S. EDENBACH		
Street Address 140 CROMWELL DRIVE			Street Address 140 CROMWELL DRIVE		
City PORTSMOUTH	State Rhode Island	Zip 02871	City PORTSMOUTH	State Rhode Island	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT S. EDENBACH			Director Name CORINNE A. EDENBACH		
Street Address 140 CROMWELL DRIVE			Street Address 140 CROMWELL DRIVE		
City PORTSMOUTH	State Rhode Island	Zip 02871	City PORTSMOUTH	State Rhode Island	Zip 02871
Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXX			Director Name XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXX			Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXX		
City XXXXXXXXXXXXXXXX	State XXXXXXXXXX	Zip	City XXXXXXXXXXXXXXXX	State XXXXXXXXXX	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 MUST BE COMPLETED		
			Number of Shares 800	Class/Series	Par Value 0.01

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.

File Date **FILED**

Check No. **FEB 02 2010**

By: **3V 1107**

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.

Robert S. Edenbach 1-20-10
Signature Date

ROBERT S. EDENBACH
Print or Type Name
President
Title