

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

401.222.30

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(e)d) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No.  2. Name of Corporation  CAPTAIN'S REALTY, INC.					
3. Street Address Principal Business Office SPRING AVE			COUNO PROV	State 7	D2904
4. Business Phone No. 5. State of Incorporation RHDE		ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island  TO PORCHASS 1 FOSS SUBJENSE RENT INVEST IN REAL PERSOUNL PROPERTY					
TO PORCHASE, LEASE, SUBLEASE, RENT, INVEST IN REAL PERSOUNL PERSON PROPERTY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
MARY CASTELLI					
Street Address Museum Society the			Street Address		
City.	State	Zip	City	State	Zip
Notro	RI	102904			
Secretary Name	********	d <del></del>	Treasurer Name		
Street Address			Street Address		
		75	City	State	Zip
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTORS	  S:	: 'ACHMENT') □ FILL IN SPA	i CES BEFORE USING AT	I TACHMENTS
Director Name : Director Name					
NON	$\mathcal{L}$				
Street Address			Street Address		
City	State	Zip	City	State	
Cit	Juste	2.0	, <i>any</i>		
Director Name	J	J	Director Name	.4	
			<u>:</u>		DA C
Street Address			Street Address		
City	State	Zip	City	State	Zap U
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENTS		
600 COMM NOPARVALUE			ISSUED SHARES — THIS SECTION	<del></del>	,
This information is currently			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of			Comm		~ O -
instruction sheet.			(3), III C	<del></del>	
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.					
		-u-FD(	· 		
		トリトリ゛			
<del></del>			Under penalty of perjury	, I declare and affirm that I	have examined this repor
		1 FEB 03 2010		ying schedules and statem	ents, and that all statement
FEB 03 2010			configured herein are true and correct		
File Date RV 110089			11/aldabell 1/31/10		
Chaoli No	Signature	(10-11)	Date		
Check No.	BY	,	INARK S.	CASTELLI	
Ву:			Print or Type Name	<b>م</b> سب	
EOD SECRETARY OF ST	ATE LISE ONLY	1	<u> Presic</u>	) <i>END 1</i>	
FOR SECRETARY OF STATE USE ONLY			Title		Form 630 Boy 09/09