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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.	2. Name of Corporation		
8314	Down Under Properties Inc.		
3. Street Address Principal Business Office	City	State	Zip
PO Box 261	Hope Valley	RI	02832
4. Business Phone No.	5. State of Incorporation		
802 234-7243	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Holding

7. NAMES AND ADDRESSES OF THE OFFICERS: **("X" BOX FOR ATTACHMENT)** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Wayne S Olado	Vice President Name: Donna E Olado
Street Address: PO Box 205	Street Address: PO Box 205
City: Gaysville State: VT Zip: 05746	City: Gaysville State: VT Zip: 05746
Secretary Name: Donna E Olado	Treasurer Name: Wayne S Olado
Street Address: Same	Street Address: Same
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: **("X" BOX FOR ATTACHMENT)** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name:	Director Name:
Street Address: None	Street Address: None
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED
1,000

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.

10. SHARES ISSUED **("X" BOX FOR ATTACHMENT)** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
75.00	CNP	0.00

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.

[redacted]

[redacted]

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.

Wayne S Olado — *Signature* — 2/3/2010 — *Date*

Wayne S Olado — *Print or Type Name*

President — *Title*

[redacted]

File Date	FILED
Check No.	FEB 08 2010
By:	BY 21000

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Form 630 Rev. 08/08

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