

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(córd)) is

subject to a penalty fee of \$25.00.			mai report whom tourty (50) days a	,	(1111.1111.7 1.2 1.501(1.04)) 13	
1. Corporate ID No. 2. Name of Corporation						
3. Street Address Principal Business	<u>  Hestia F</u> Office	realty Corp	oration City	State	Zip	
91 Arnold St		•	Providence.	"R)	02906	
4. Business Phone No.		5. State of Incorporation	1 112+1CAQ1(-P.		300	
(401)331-7387 Rhode Is		sland				
6. Brief Description of the Character		Rhode Island			· <del>***</del>	
7. NAMES AND ADDRESSES	ease, Sell	Keal Proper	tu			
President Name	OF THE OFFICERS	S: ("X" BOX FOR ATTA	CHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Beverly Serabian			vice rresusem rume			
Street Address			Street Address			
91 Arnold St						
City	State	Zip	City	State	Zip	
Providence	J	102906	· <b>!</b> ······			
Secretary Name	1		: Treasurer Name			
Street Address			Street Address			
91 Arnold St						
City	State	Zip	City	State	Zip	
Providence	I RI	02906	Porvidance	$(\mathcal{Q})$	02906	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATT		PACES BEFORE USING	G ATTACHMENTS	
Director Name	3		Director Name			
Street Address			Street Address			
91 Armald St			or tes many est			
City	State	Zip	City	State	Ζίρ	
Providence	$L\mathcal{R}L$	02906			•	
Director Name			Director Name	•••••	*******	
Secret 111	·					
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					<i></i>	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Sceretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
				<i>A</i>	0	
			1000	$\bigcirc m$	No. Par	
			*****	:		
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the corp	oration is in the hands	of a receiver or tructed	
this report must be executed	on behalf of the corp	oration by the receiver of	or trustee.	oration is in the hungs	of a feective of frastee,	
			Under penalty of perju	ry, I declare and affirm the	hat I have examined this report	
		7	including any accomp	Inying schedules and star	tements, and that all statement	
File Date						
File Date			12 and 1	mm 2/5	10	
Check No. FEB 08 2889				Signature Date		
	, CO	1	Beverly	Beverly Scrabian		
Ву. Ву.	37	_	Print or Type Name			
FOR SECRETARY OF STA	ATE USE ONLY		Trasiden	<u> </u>		
		1	Title			