

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. 7-1.2-150).

1. Corporate 1D No. 72247	2. Name of Corp DOUGLAS	2. Name of Corporation DOUGLAS AVE. ASSOCIATES, INC.				
3. Street Address Principal Business Office 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
4. Business Phone No. 5. State of Incorporation 401-273-6800 RHODE ISLAN				02919		
. Brief Description of the o	Character of Business Conduc DEVELOPMENT OF	ted in Rhode Island REAL ESTATE	,			
		CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
Alfred Carpionato			Vice President Name Alfred Carpionato			
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue			
ity Johnston	State RI	^{Ζφ} 02919	City Johnston	State RI	<i>^{Zip}</i> 0 2 919	
Secretary Name			Treasurer Name			
Street Address			Street Address			
Xiy	State	Zip	City	State	Zip	
. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	**************************************			
Director Name	ALGOLD OF THE DIRE	CIORS: (A BOA FOR AT	Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
îty	State	Zip	City	State	Zip	
. SHARES AUTHOR	IZED	!		 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	• —	
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.			Number of Shares	Class/Series	Par Value	
			1,000	Common	No Par Value	
his report must be e	xecuted on behalf of th	e corporation by an authorize	d representative. If the o	corporation is in the hand	ls of a receiver or truste	
ns report must be ex	ecuted on benair of the	corporation by the receiver	or trustee.			
		_	Under penalty of including any according	perjury I declare and affirm	that I have examined this been entry and that all state	
File Date FILE	- D		contained levein	re true and correct	1/1/2/2	
		_ //,	Supplier	TI ///	Date 2/8/	
Check No. FEB 0 9	912	- 6	Alfred Carpi			
By	1/3	_ _	Print of Type Name President			
FOR SECRETAR	RY OF STATE USE ONLY		Title			