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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 | | |
|---|---|---|---|
| 10133 | MESHANTICUT PROPERTIES, INC. | | |
| 3. Street Address Principal Business Office: 1414 Atwood Avenue | City: Johnston | State: RI | Zip: 02919 |
| 4. Business Phone No.: 401-273-6800 | 5. State of Incorporation: RHODE ISLAND | | |

6. Brief Description of the Character of Business Conducted in Rhode Island: REAL ESTATE

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

| President Name | Vice President Name |
|---|---|
| Alfred Carpionato | Alfred Carpionato |
| Street Address: 1414 Atwood Avenue | Street Address: 1414 Atwood Avenue |
| City: Johnston / State: RI / Zip: 02919 | City: Johnston / State: RI / Zip: 02919 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| 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 | Street Address |
| City / State / Zip | City / State / Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**9. SHARES AUTHORIZED**

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 |
|---|---|---|
| 100 | Common | No Par Value |
| | | |

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]

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.

2/8/10
*Signature* *Date*

Alfred Carpionato
*Print or Type Name*

[redacted] President
*Title*

*File Date* FILED

*Check No.* FEB 09 2010

*By:* By 3223

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