



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.**

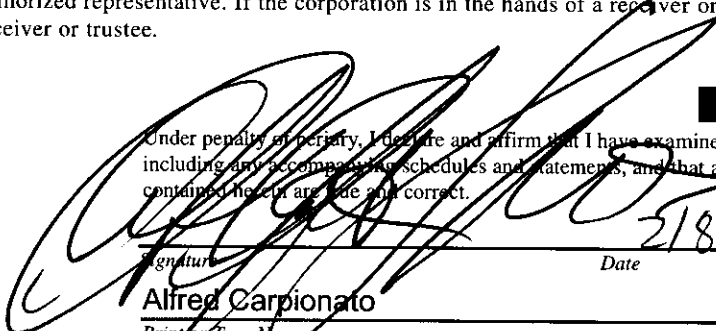
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                        |                                                                     |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------------|
| 1. Corporate ID No.<br>10133                                                                                                                               |             | 2. Name of Corporation<br>MESHANTICUT PROPERTIES, INC. |                                                                     |                        |                           |
| 3. Street Address Principal Business Office<br>1414 Atwood Avenue                                                                                          |             | City<br>Johnston                                       |                                                                     | State<br>RI            | Zip<br>02919              |
| 4. Business Phone No.<br>401-273-6800                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND              |                                                                     |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>REAL ESTATE                                                                 |             |                                                        |                                                                     |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                        |                                                                     |                        |                           |
| President Name<br>Alfred Carpiionato                                                                                                                       |             |                                                        | Vice President Name<br>Alfred Carpiionato                           |                        |                           |
| Street Address<br>1414 Atwood Avenue                                                                                                                       |             |                                                        | Street Address<br>1414 Atwood Avenue                                |                        |                           |
| City<br>Johnston                                                                                                                                           | State<br>RI | Zip<br>02919                                           | City<br>Johnston                                                    | State<br>RI            | Zip<br>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) <input type="checkbox"/> 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                                                                                                                                       |             |                                                        | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                           |
| 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. |             |                                                        | ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED               |                        |                           |
|                                                                                                                                                            |             |                                                        | Number of Shares<br>100                                             | Class/Series<br>Common | Par Value<br>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.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>FEB 09 2010</b> |
| By:                             | <b>By 3223</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |

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.

Signature:   
Date: **2/8/10**

Print or Type Name: **Alfred Carpiionato**  
Title: **President**