

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(cod)) is

subject to a penalty fee of \$2				_		
1. Corporate ID No. 14368	2. Name of Cor NATIONAL	2. Name of Corporation NATIONAL INVESTMENTS, LTD.				
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 ISLAND			, , , , , , , , , , , , , , , , , , ,			
6. Brief Description of the 6 REAL ESTATE	Character of Business Condu	cted in Rhode Island				
7. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS: ("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			
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	
	 RESSES OF THE DIRI	 ECTORS: <i>("X" BOX FOR AT"</i>	: <i>Tachment)</i>	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		•••••••••••••••••••••••••••••••••••••••	Director Name		l	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
O. SHARES AUTHORI	IZED	I	•	 	_	
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	
			100	Common	No Par Value	
This report must be ex	xecuted on behalf of the	ne corporation by an authorize e corporation by the receiver	d representative. If the	corporation is in the hand	s of a receiver or trustee,	
	cedica on behalf of the	e corporation by the receiver	or trustee.			
		·	including my co	ompanying schedules and strong	have examined this report temes and that all statement	
File Date		_ /	controlled herein	The appropriate of the second	2/2/10	
Check No.	2010	_ //	Signature		Date Date	
_{By:} By	182		Alfron Carp			
	RY OF STATE USE ONLY		resident			
		1	Title	····		