



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 2009**

**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. <b>000081016</b>		2. Name of Corporation <b>PULLANO REALTY INC.</b>		
3. Street Address Principal Business Office <b>3620 WEST SHORE ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>401-736-5420</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>ERNEST G PULLANO</b>		Vice President Name		
Street Address <b>3620 WEST SHORE ROAD</b>		Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>ERNEST G PULLANO</b>		Director Name		
Street Address <b>3620 WEST SHORE ROAD</b>		Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <b>1000</b>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares <b>50</b>		Class/Series <b>CNP</b>	Par Value <b>NONE</b>	
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.				

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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.

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: [Signature] Date: **12-08-09**  
 Print or Type Name: **ERNEST G PULLANO**  
 Title: **PRESIDENT**

**FILED**  
 File Date: **FEB 11 2010**  
 Check No.: **110822**  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY