



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  
401.222.3700

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

**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>4295</b>		2. Name of Corporation <b>CLAVERICK REALTY COMPANY</b>	
3. Street Address Principal Business Office <b>999 Chalkstone Ave</b>			City <b>Providence</b>
4. Business Phone No. <b>(401) 351 5700</b>		State <b>RI</b>	Zip <b>02908</b>
5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Robert Moretti</b>		Vice President Name	
Street Address <b>157 Clifford St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
Secretary Name <b>Robert Moretti</b>		Treasurer Name <b>Robert Moretti</b>	
Street Address <b>157 Clifford St.</b>		Street Address <b>157 Clifford St.</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name <b>Robert Moretti</b>		Director Name	
Street Address <b>157 Clifford St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED <b>500</b>		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 MUST BE COMPLETED	
		Number of Shares <b>440</b>	Class/Series <b>Common</b>
			Par Value <b>No Par Value</b>

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 CORPORATIONS DIV  
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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.

FILED

File Date **FEB 18 2010**

Check No. **11340**

By: **[Signature]**

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: **[Signature]** Date: **1/20/10**

Print or Type Name: **Robert J. Moretti**

Title: **President**