RALPH MOIL	State of Rhode Island and Pr Office of the Secret				
2	Division Of Busine	ss Services			
148 W. River Street					
	Providence RI 02				
Petary of St	(401) 222-30)40			
Business Corpora	ation				
nnual Report	1 - March 1				
	G.L. 7-1.2-1501(e), each corporation fail rty (30) days after the time prescribed by				
	bject to a penalty fee of \$25.00.				
ANNUAL REPORT YE	EAR: <u>2010</u>				
I. Corporate ID No.	000022935				
2. Name of Corpora	tion Jafray Realty Company				
3. Street Address Pri	incipal Business Office:				
No. and Street:	51 DELTA DRIVE				
City or Town:	PAWTUCKET State: E	<u>RI</u> Zip: <u>02861</u> Country: <u>USA</u>			
4. Business Phone N	lo.				
401-722-2030					
5. State of Incorpora	ition				
State: <u>RI</u>					
6. Brief Description of	of the Character of Business Conduct	ed in Rhode Island			
REAL ESTATE					
7. Names and Addres	sses of the Officers and Directors:				
All officers and di	roctors must be listed. If officers and	for directors have been elected, the title			
	irectors must be listed. If officers and o longer applicable; please delete.	/or directors have been elected, the title			
Incorporator is no	o longer applicable; please delete.				
		Address, City or Town, State, Zip Code, Country			
Incorporator is no	o longer applicable; please delete. Individual Name	Address Address, City or Town, State, Zip Code, Country			
Incorporator is no	D longer applicable; please delete. Individual Name First, Middle, Last, Suffix	Address			
Incorporator is no	D longer applicable; please delete. Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country 51 DELTA DRIVE PAWTUCKET, RI 02861 USA 51 DELTA DRIVE			
Incorporator is no Title TREASURER	D longer applicable; please delete. Individual Name First, Middle, Last, Suffix JAMES M. PASCALE	Address Address, City or Town, State, Zip Code, Country 51 DELTA DRIVE PAWTUCKET, RI 02861 USA			

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.00	1,000.00	100

9. 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.

Signed this 1 Day of March, 2010 at 11:34:20 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JAMES M. PASCALE

Signature of Authorized Representative of the Corporation

PRESIDENT Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2010 State of Rhode Island and Providence Plantations All Rights Reserved