



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. 33557.		2. Name of Corporation CLF REALTY, INC.	
3. Street Address Principal Business Office 17 ROCKYCREST RD.		City CUMBERLAND	State RI.
		Zip 02804.	
4. Business Phone No. (401)-333-9233.		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, MAINTAINING, & SELLING OF REAL ESTATE.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LORRAINE T. DYKAL.		Vice President Name CHARLES F. O'BRIEN.	
Street Address 17 ROCKYCREST RD.		Street Address 9 DEER RUN RD.	
City CUMB.	State RI.	City BELLINGHAM	State MA.
Secretary Name COLEEN D. O'BRIEN.		Treasurer Name COLEEN D. O'BRIEN.	
Street Address 9 DEER RUN RD.		Street Address SAME.	
City BELLINGHAM.	State MA.	City	State
Zip 02804.		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name LORRAINE T. DYKAL.		Director Name COLEEN D. O'BRIEN.	
Street Address 17 ROCKYCREST RD.		Street Address 9 DEER RUN RD.	
City CUMB.	State RI.	City BELLINGHAM	State MA.
Zip 02804.		Zip 02019.	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 2,000 common, NO PAR VALUE.		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 400	Class/Series COMMON
			Par Value NO PAR

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 **FILED**

Check No. **FEB 26 2010**

By: **804**

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.

Lorraine T. Dykal 2/22/10
Signature Date

LORRAINE T. DYKAL
Print or Type Name

PRESIDENT.
Title