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.: 36741	2. Name of Corporation: PARK PLACE REALTY ASSOCIATES, LTD.		
3. Street Address Principal Business Office: 93 PARK PLACE WEST	City: PAWTUCKET	State: RI	Zip: 02860
4. Business Phone No.: 401-728-3300	5. State of Incorporation: RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island: REAL ESTATE			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
MARIA M. BACCARI	93 PARK PLACE WEST	PAWTUCKET	RI	02860

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
MARIA M. BACCARI / MARIA P. BACCARI, ASS'T SEC.	93 PARK PLACE WEST	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
MARIA M. BACCARI	93 PARK PLACE WEST	PAWTUCKET	RI	02860

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
MARIA M. BACCARI	93 PARK PLACE WEST	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON N/A	No Par Value

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: MAR 09 2010

Check No.:

By: BY

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: Date: 2-27-10

Maria M. Baccari
Print or Type Name

President
Title

Form 630 Rev. 08/08