



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. 125789		2. Name of Corporation Mineral Spring Gardens Development Corporation		
3. Street Address Principal Business Office 1905 Mineral Spring Avenue		City North Providence	State RI	Zip 02904
4. Business Phone No. 508-996-0449		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP AND MANAGE REAL ESTATE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jacquelyn McDonald		Vice President Name Thomas Thomasian		
Street Address 1905 Mineral Spring Avenue		Street Address 1905 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI
Secretary Name Thomas Thomasian		Treasurer Name Jacquelyn McDonald		
Street Address 1905 Mineral Spring Avenue		Street Address 1905 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jacquelyn McDonald		Director Name Thomas Thomasian		
Street Address 1905 Mineral Spring Avenue		Street Address 1905 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
North Providence	RI	02904	North Providence	RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		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	Class/Series	Par Value
		200	Common	None

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DEPT OF STATE
CORPORATIONS DIVISION

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. **MAR 16 2010**
By: **JM/13938**
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: Jacquelyn McDonald Date: 3-3-10
Print or Type Name: Jacquelyn McDonald
Title: President