

A. Ralph Mollis, Secretary of Sta Corporations Divisic 148 W. River Stre Providence, RI 02904-261 401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(e&d)) is

subject to a penalty fee of \$25.00.			, , , , , , , , , , , , , , , , , , , ,		
1. Corporate ID No. 97000	2. Name of Corporat Goddard Deve	elopment Corporation			
3. Street Address Principal Business Office 47 GODDARD STREET			PROVIDENCE	State RI	^{Zip} 02908
4. Business Phone No. 4015210159 5. State of Incorporation RHODE ISLAND		<u> </u>			
S. Brief Description of the Character TO DEVELOP AND MANAGE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAPPresident Name Francis H. Smith			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Karriem Kanston		
Street Address 47 Goddard Street			Street Address 47 Goddard Street		
ा _ए Providence	State RI	^{Zip} 02908	City Providence	State : RI	^{Zip} 02908
Secretary Name			Treasurer Name Kerry Wilson		
Street Address			Street Address 47 Goddard Street		
City	State	Zip	City Cranston	State RI	^{Zip} 029 05
3. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR ATA	<i>ACHMENT)</i> 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS,
None Street Address			Director Name None		2 24
			Street Address		
City	State	Zip	City	State	چې پې کې
Director Name None			Director Name None		
Street Address					: Vig
City	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED	1	ı		 <i>("X" BOX FOR ATTAC.</i> CTION <u>MUST</u> BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			100	Common	None
This report must be executed this report must be executed a	on behalf of the co	orporation by an authorize	d representative. If the corresponding trustee.	orporation is in the hand	s of a receiver or truste

	FILED	
File Date _ Check No BY	JUL 1 3 2010 122474	21/5
By:	OR SECRETARY OF STATE USE	ONLY

Under penalty of perjury, I declare and affirm	n that I have examined this report
including any accompanying schedules and s	statements, and that all statement
contained herein are true and correct.	
- Jan Sheer D	1/30/03
Signature	Date
Francis H. Smith	
Print or Type Name	
President	
Title	-
	12 Z20 D 00 000