

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. 151016	2. Name of Corporation 400 South County Trail, Inc.					
3. Street Address Principal Business Office 400 South County Trail - Suite A201			City Exeter	State RI	<sup>Zip</sup> 02822	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island The Construction and sale of commercial condominiums						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Vice President Name						
Daniel R. Cotta			None			
Street Audress 400 South County Trail - Suite A201			Street Address			
City Exeter	State RI	<i>Zip</i> 02822	City	State	Zψ	
Secretary Name Daniel R. Cotta			Treasurer Name Daniel R. Cotta			
Street Address 400 South County Trail - Suite A201			Street Address 400 South County Trail - Suite A201			
City Exeter	State RI	<sup>Zip</sup> 02822	City Exeter	State RI	<b>6</b> 2822, <i>9</i> 2	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT)   FILL IN SPACES BEFORE USING ATTRCHMENTS			
None			None None			
Street Address			Street Address			
City	State	Zip	City	State	Zip 55	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Cit	State	s also		otene	2.40	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  I ISSUED SHARES — THIS SECTION MUST 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 Shaves	Class/Series	Par Value	
			100	Common	No Par	
			* CONTRACTOR	ACCUMENT MARKET MARKET	24.00 T 1	
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.						
/^						
11:42						
Under penalty of perjury, I declare and affirm that I have examined the including any accompanying schedules and statements, and that all st						
FILE			contained berein are true and correct			
Check No. DEC 22 2010				12/20/10 Date		
Check No.  By Ablando			Daniel R. Cotta			
			Print or Type Name			
FOR SECRETARY OF STA	TE USE ONLY		President  Title			