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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 2011

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.	2. Name of Corporation		
4012	CHARLESTOWN ESTATES, INC		
3. Street Address Principal Business Office	City	State	Zip
107 AIRPORT Rd.	WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation		
(401) 596-0146	R.I		

6. Brief Description of the Character of Business Conducted in Rhode Island: REAL ESTATE DEVELOPMENT

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

President Name	Vice President Name
NEIL H. THORP	
Street Address	Street Address
49 SUNSET DR.	
City / State / Zip	City / State / Zip
CHARLESTOWN / RI / 02813	
Secretary Name	Treasurer Name
STEPHEN O. McANDREW	NEIL H. THORP
Street Address	Street Address
WEST BEACH Rd.	49 SUNSET DR.
City / State / Zip	City / State / Zip
CHARLESTOWN / RI / 02813	CHARLESTOWN / RI / 02813

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

Director Name	Director Name
NEIL H. THORP	STEPHEN O. McANDREW
Street Address	Street Address
49 SUNSET DR.	WEST BEACH Rd.
City / State / Zip	City / State / Zip
CHARLESTOWN / RI. / 02813	CHARLESTOWN / RI / 02813
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED 500

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

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 Shares	Class/Series	Par Value
198	COMMON	$100.-

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.

[redacted] [redacted]

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.

Neil H. Thorp — *Signature* — 12/23/2010 — *Date*

NEIL H. THORP — *Print or Type Name*

PRES.-TREAS — *Title*

[redacted]

File Date: FILED
Check No.: JAN 04 2011
By: EY 184
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Form 630 Rev. 08/08