



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.<br>31816                                                                                                                               |             | 2. Name of Corporation<br>Property Advisory Group, Inc. |                                                                     |                        |                     |
| 3. Street Address Principal Business Office<br>4 Cathedral Square, Suite 1G                                                                                |             |                                                         | City<br>Providence                                                  | State<br>RI            | Zip<br>02903        |
| 4. Business Phone No.<br>401-453-4455                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island               |                                                                     |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Real estate consulting, advisory services and property managers             |             |                                                         |                                                                     |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                         |                                                                     |                        |                     |
| President Name<br>John B. Bentz                                                                                                                            |             |                                                         | Vice President Name<br>Robert R. Gaudreau, Sr.                      |                        |                     |
| Street Address<br>1 Fair Oaks Court, South                                                                                                                 |             |                                                         | Street Address<br>22 Briarbrooke Lane                               |                        |                     |
| City<br>Greenville                                                                                                                                         | State<br>RI | Zip<br>02828                                            | City<br>Cranston                                                    | State<br>RI            | Zip<br>02921        |
| Secretary Name<br>Gretchen E. Maurer                                                                                                                       |             |                                                         | Treasurer Name<br>Gretchen E. Maurer                                |                        |                     |
| Street Address<br>PO Box 5922                                                                                                                              |             |                                                         | Street Address<br>PO Box 5922                                       |                        |                     |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02903                                            | City<br>Providence                                                  | State<br>RI            | Zip<br>02903        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                         |                                                                     |                        |                     |
| Director Name                                                                                                                                              |             |                                                         | Director Name                                                       |                        |                     |
| Street Address                                                                                                                                             |             |                                                         | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                                     | City                                                                | State                  | Zip                 |
| Director Name                                                                                                                                              |             |                                                         | Director Name                                                       |                        |                     |
| Street Address                                                                                                                                             |             |                                                         | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                                     | City                                                                | State                  | Zip                 |
| 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 <u>MUST</u> BE COMPLETED               |                        |                     |
|                                                                                                                                                            |             |                                                         | Number of Shares<br>100                                             | Class Series<br>Common | Par Value<br>No Par |
|                                                                                                                                                            |             |                                                         |                                                                     |                        |                     |

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SECRETARY OF STATE  
CORPORATIONS DIV

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 JAN 20 2011

Check No. a 135408

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.

Robert R. Gaudreau, Sr. 1/11/11  
Signature Date  
Robert R. Gaudreau, Sr.  
Print or Type Name  
Vice President  
Title