



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. 90109		2. Name of Corporation T. Z. BEAR & ASSOCIATES INC.		
3. Street Address Principal Business Office 1390 MENDON RD.			City CUMBERLAND	State RI
4. Business Phone No. 401-334-9191		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE MGMT.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name SANDRA B. LECOURS			Vice President Name	
Street Address 1390 MENDON RD.			Street Address	
City CUMB.	State RI	Zip 02864	City	State
Secretary Name			Treasurer Name NORMAN E. LECOURS	
Street Address			Street Address SAME	
City	State	Zip	City	State
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
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED 1000				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares NONE		Class/Series COMMON	Par Value 0	
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.				

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. **921**

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.

Sandra B. Lecours
Signature _____ Date _____

SANDRA B. LECOURS
Print or Type Name _____

PRES.
Title _____