

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.

1. Corporate ID No. 18196	2. Name of Cor REALTY F	poration PUBLISHING CENTER, IN	IC.				
3. Street Address Principal Busir 572 Smith Street			City Providence	State RI	Zip 02908		
4. Business Phone No. (401) 331-2505		5. State of Incorporation Rhode Island					
6. Brief Description of the Chara Printing and publishing r	eal estate data ar	nd allied services.		. , 7/18			
7. NAMES AND ADDRES President Name Robert B. Pruefer	SES OF THE OFF	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Vice President Name Ann M. Pruefer	S BEFORE USING	ATTACHMENTS		
Street Address 572 Smith Street			Street Address 572 Smith Street				
Providence	State RI	^{Z.p} 02908	City Providence	State RI	21p 02908		
Norman Jay Bolotow			Treasurer Name James B. Pruefer				
Street Address 245 Waterman Street - Suite 401			Street Address 572 Smith Street				
ा _ए Providence	State RI	^{Zip} 02906	City Providence	State RI	<i>Ζφ</i> 02908		
8. NAMES AND ADDRESS Director Name None	SES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	CES BEFORE USIN			
rect Address			Street Address				
City	State	Zip	Gty	State	Zip		
Director Name		J	Director Name				
Street Address			Street Address				
Сиу	State	Zip	Сиу	State	Zip		
). SHARES AUTHORIZED	estele etale.		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION				
This information is currer	ntly of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value		
State. Changes require ar instruction sheet.	additional filing.	See Section 9 of	100	Common	No Par		
			,ABCA 首都為計學	i de la libration de la company			
This report must be execut his report must be execut	ted on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the corpora or trustee.	tion is in the hand	s of a receiver or tr		
			Under penalty of perjury,	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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	FOR	SECRI	TARY	OF	STATI	E USI	ONL	Y		

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
Ninhall alx XIAN Landles a locality
Karver + May 1 12011
Signature Date
Robert B. Pruefer ROBERT BY RVIER
Print or Type Name
President
Title