



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. 85937		2. Name of Corporation CASTPOINT REALTY, INC.			
3. Street Address Principal Business Office 205 CHILD STREET			City WARREN	State RI	Zip 02885
4. Business Phone No. 401-245-7979		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN, MANAGE, HOLD, RENT OR OTHERWISE DEAL IN REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN CLARE			Vice President Name JUDITH CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name JUDITH CLARE			Treasurer Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JUDITH CLARE			Director Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR	100	COMMON	NO PAR

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	FEB 01 2011
Check No.	By <u>MNC</u>
By	1042
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.

Signature _____ Date _____
KEVIN CLARE
Print or Type Name
PRESIDENT
Title