



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. 97060		2. Name of Corporation CRN Realty, Inc.		
3. Street Address Principal Business Office 24 Inkberry Drive				City Wakefield
4. Business Phone No. 401-782-1903		5. State of Incorporation Rhode Island		
State RI		Zip 02879		
6. Brief Description of the Character of Business Conducted in Rhode Island Real estate investment				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Colleen Bongiovanni		Vice President Name Colleen Bongiovanni		
Street Address 24 Inkberry Drive		Street Address 24 Inkberry Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
Secretary Name Colleen Bongiovanni		Treasurer Name Colleen Bongiovanni		
Street Address 24 Inkberry Drive		Street Address 24 Inkberry Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Colleen Bongiovanni		Director Name		
Street Address 324 Inkberry Drive		Street Address		
City Wakefield	State RI	Zip 02879	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
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 100	Class/Series Common	Par Value None
THIS SECTION MUST BE COMPLETED				

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 08 2011

Check No. BY: [Signature]

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: [Signature] Date: 2/2/11

Print or Type Name: Colleen Bongiovanni

Title: President