

A. Ralph Mollis, Secretary of State Corporations Division - 1 18 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PR 2011

92777	Bernon R	2. Name of Corporation Bernon Real Estate Corp.					
3. Street Address Principal Business Office 600 Cass Avenue			City Woonsocket	State Rhode Island	Ζ <i>ip</i> 02895		
4. Business Phone No. 5. State of Incorporation (401) 766-2200 Rhode Island							
6. Brief Description of the Cha	racter of Business Cond.	wted in Rhode Island	***	A. (1)			
7. NAMES AND ADDRE President Name John J. Boucher	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name Duane C. Boucher	SPACES BEFORE USING A	TTACHMENTS		
Street Address 600 Cass Avenue			Street Address 600 Cass Avenue				
^{city} Woonsocket	State RI	^{Хір} 02895	Woonsocket	State RI	02895		
Secretary Name John J. Boucher			Treasurer Name John J. Boucher				
Street Address 600 Cass Avenue			Street Address 600 Cass Avenue				
ony Woonsocket	State RI	^{Zip} 02895	Woonsocket	State RI	^{Zip} 02895		
3. NAMES AND ADDRE Oirector Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IS Director Name	N SPACES BEFORE USING	ATTACHMENTS		
Street Address			Street Address				
City	State	Zip	CH)	Male	Zip		
Director Name			Director Name				
Street Address			Street Address				
2uy	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is curr	ently of record in t	he Office of the Secretary of	Number of Shares	Class Series	Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			200	common	no par value		
'his report must be exec his report must be exect	tuted on behalf of the	he corporation by an authorize e corporation by the receiver of	ed representative. If the cortrustee.	corporation is in the hands of	of a receiver or trustee		

	FILED
File Date _	FEB 1 0 2011
Check No	By_MMC)
<i>By:</i> F0	or secretary of state use only

Under penalty of p induding any acco	erjury, I declare a ompanying schedu	nd affirm that I les and statema	have exami	ned this report,
contained herein a	re true and correct	· 0	_	_
		$\lambda \chi_{-}$		7-11
Signáture [Date	,
John J.\Bou	cher			
Print or Type Name	NIII.			
President				
Title				