

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2011

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\frac{\partial O}{\partial O}$ 4. 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. 7-1.2-150). ration failing or refucing 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

* In accordance with R.I.G.L. subject to a penalty fee of \$25.		i juiling or rejusing to file us un	nuae report within therey (50) ways a		
1. Corporate ID No.	2. Name of Corporation	Investmen	nt Properties	Inc.	
3. Street Address Principal Bi	usiness Office LAW. Sui	te 2601	Cuy N. Y	State N, Y	zip 10/78
4. Business Phone No.	-7998	5. State of Incorporation	<i></i>	U	
Yes	aracter of Business Conducted in	warre wi	MPUNY ACHMENT) 🛮 FILL IN SPA	ACES BEFORE USING A	TTACHMENTS
Tames Mundy			Vice President Name		
Street Address, Park Ave. Swite 2601			Street Address		
City N.Y	State , Y	70178	City	State	Ζip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζίρ
8. NAMES AND ADDR Director Name	RESSES OF THE DIRECTO	ORS: ("X" BOX FOR AT	TACHMENT) T FILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	.,	
Street Address			Street Address		
City	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 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	Class/Series	Par Value
			8000	CNP	\$ 1.00
This report must be ex	xecuted on behalf of the c ecuted on behalf of the co	corporation by an authoric proporation by the receive	zed representative. If the co r or trustee.	rporation is in the hands	of a receiver or trustee,
	FILED		Under penalty of pe including any accord	rjury, I declare and affirm to a panying schedules and sta	hat I have examined this report tements, and that all statement
	FEB 22 2011		contained herein are		A/18/11
Bv_	MMC	_	Signature	F M	Dette /
Check No	861	_	Print or Type Name	r. 18/UCKEY	<u> </u>
	RY OF STATE USE ONLY	_	Title	<u></u>	
					Form 630 Rev. 08/08