



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101552		2. Name of Corporation MAIORANO Realty Inc.			
3. Street Address Principal Business Office 22 ELM STREET		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-596-4630		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE A MEMBERSHIP INTEREST IN THE ELMS OF WESTERLY LLC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy MAIORANO		Vice President Name			
Street Address 12 QUARRY ROAD		Street Address			
City MYSTIC	State CT	Zip 06355	City	State	Zip
Secretary Name LESLIE TAYLOR		Treasurer Name Guy MAIORANO			
Street Address 58 TOM WHEELER ROAD		Street Address 12 QUARRY ROAD			
City N STONINGTON	State CT	Zip 06359	City MYSTIC	State CT	Zip 06359
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Guy MAIORANO		Director Name			
Street Address 12 QUARRY ROAD		Street Address			
City MYSTIC	State CT	Zip 06355	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) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 2000	Class/Series	Par Value NONE

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 28 2011
Check No. By mmc
By 1113
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 Leslie Taylor Date 2/7/11
Print or Type Name LESLIE TAYLOR
Title SECRETARY