

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

| 1. Corporate ID No. 67234 | 2. Name of Corporation SAR Realty Associates, Inc. | | | | |
|--|--|-------------------|--|-------------------------|---|
| 3. Street Address Principal Business Office 980 Reservoir Avenue | | | City Cranston | State RI | <i>Ζίρ</i> 02910 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | |
| 6. Brief Description of the Character Real estate brokerage and | any other lawful busir | ness | | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS: | ("X" BOX FOR ATTA | CHMENT) TILL IN SPACE: Vice President Name | ES BEFORE USING | ATTACHMENTS |
| Robert A. Scaralia | | | None | | |
| Street Address same as above | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name Robert A. Scaralia | | | Treasurer Name Robert A. Scaralia | | |
| Street Address same as above | | | Street Address same as above | | |
| City | State | Ζψ | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None | | | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | |
| 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 |
| | | | 250 | Common | No Par Value |
| | | | TAY 1 2 W | Z T | - 11 to 1 |
| This report must be executed this report must be executed of | on behalf of the corpo | FILED | or trustee. | | s of a receiver or trustee, |
| File Date | Бу | 13844 | including any accompar contained herein are true | tying schedules and sta | tements, and that all statements |
| Check No. | | | Robert A. Scaralia | | |
| Ву: | | | Print or Type Name | | |
| FOR SECRETARY OF STATE USE ONLY | | | President | | |
| | | | 11110 | | |