



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. 33557		2. Name of Corporation CLF REALTY, INC.		
3. Street Address Principal Business Office 17 Rockycrest Rd.			City Cumberland	State RI
4. Business Phone No. (401)-333-9233		5. State of Incorporation RI.		
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, MAINTAINING + SELLING OF REAL ESTATE.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Lorraine T. Dykas		Vice President Name Charles F. O'Brien.		
Street Address 17 Rockycrest Rd.		Street Address 9 Deer Run Rd.		
City Cumb.	State RI.	Zip 02864.	City Bellingham	State Ma.
Secretary Name Coleen D. O'Brien		Treasurer Name Coleen D. O'Brien.		
Street Address 9 Deer Run Rd.		Street Address SAME.		
City Bellingham	State Ma.	Zip 02019.	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Lorraine T. Dykas.		Director Name Coleen D. O'Brien		
Street Address 17 Rockycrest Rd.		Street Address 9 Deer Run Rd.		
City Cumberland	State RI.	Zip 02864.	City Bellingham	State Ma.
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 2,000 Common, No PAR.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 MUST BE COMPLETED		
		Number of Shares 400.	Class/Series Common.	Par Value NO PAR.

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 MAR 02 2011
 Check No. By MNC
 By: 0938
 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.

Lorraine T. Dykas 2/25/11.
 Signature Date
LORRAINE T. DYKAS
 Print or Type Name
PRESIDENT
 Title