

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 20/1

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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* In accordance with R.I.G.L. 7-1 law (R.I.G.L. 7-1.2-1501(c&d)) is	l.2-1501(e), eacb corp subject to a penalty	ooration failing or refusin fee of \$25.00.	g to file its annual report wit	bin tbirty (30) days after the	time prescribed by
1. Corporate ID No.	2. Name of Corporation	ington ]	Properties	ito	
3. Street Address Principal Business C	SACH R	`,=-	Newport	State RI	25 CZ 8 UB
4. Business Phone No. 46 - 864-40	61	5. State of Incorporation RHOO	LeISLAND		
6. Brief Description of the Character of Property MC. 7. NAMES AND ADDRESSES President Name	mageme	unt /CUNS	alting	ACES BEFORE USING ATTA	CHMENTS
Frederick W Dallinger					
25 Greenough Pl #5			Street Address		
Newbort	State 12 T	# 5 02848	City	State	Zip
Secretary Name			Frederick W.DAUINGEV		
Street Address			Street Address 256-veen ough PL#5 City Newport State RI G2846		
City	State	Zip	Newport	State & I	42846
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS		
Street Address			Street Address		
City	State	Zip	City	State	Zip → C ⊃ <
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Place/South	7
1000 0	anmou	NO PAVUALI	1000	Common	NONE
			154	— continuis in the hands of	a receiver or trustee.
This report must be execute this report must be executed	d on behalf of the co	orporation by an authori orporation by the receive	zed representative. If the co r or trustee.	rporation is in the hands or	a local of Lagran,
tills report must be extended		•			
			Under penalty of po	erjury, I declare and affirm that	I have examined this repor
FIL	ED		including any accompanying schedules and statements, and that all statement contained herein are true and correct.		
File DateAPR 0	1 2011	-	Signature	1 x sue x cae	Date
Check No. By	TUNC -	-	Print or Type Name		
Ву:	140	-	Presid	lent / Trea	sures
FOR SECRETARY OF	STATE USE ONLY		Title	1	Form 630 Rev. 12/06