



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. 000507496		2. Name of Corporation Property Solutions, Inc.	
3. Street Address 2130 MENDON RD #3-365		City Cumberland	State RI
4. Business Phone No. 401-487-6647		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Asset Management.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Jeanellen Carboni		Vice President Name Jeanellen Carboni	
Street Address 80 Fisher Road, Unit 24		Street Address 80 Fisher Road, Unit 24	
City Cumberland	State RI	Zip 02864	City Cumberland
State RI	Zip 02864	City Cumberland	State RI
Secretary Name Jeanellen Carboni		Treasurer Name Jeanellen Carboni	
Street Address 80 Fisher Road, Unit 24		Street Address 80 Fisher Road, Unit 24	
City Cumberland	State RI	Zip 02864	City Cumberland
State RI	Zip 02864	City Cumberland	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Jeanellen Carboni		Director Name	
Street Address 80 Fisher Road, Unit 24		Street Address	
City Cumberland	State RI	Zip 02864	City
State RI	Zip 02864	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
9. SHARES AUTHORIZED 500		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 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
		100	STK
		Par Value	0.01

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CORPORATIONS DIV  
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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**

APR 26 2011

By Jeanellen Carboni

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.

Jeanellen Carboni  
Signature

Date

Jeanellen Carboni

Print or Type Name

President

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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