



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. 83569		2. Name of Corporation WOODLOT 12 SUBDIVISION, INC.			
3. Street Address Principal Business Office 171 CHASE ROAD			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, LEASE, ACQUIRE, MAINTAIN, MANAGE, DEVELOP, SELL, AND/OR INVEST IN REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH A. CORDEIRO			Vice President Name JOSEPH A. CORDEIRO		
Street Address 3866 NORTH MAIN STREET		Street Address 3866 NORTH MAIN STREET			
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Secretary Name JOSEPH A. CORDEIRO			Treasurer Name JOSEPH A. CORDEIRO		
Street Address 3866 NORTH MAIN STREET		Street Address 3866 NORTH MAIN STREET			
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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	
		300	COMMON	NO PAR	
		THIS SECTION MUST BE COMPLETED			

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: JUN 21 2011

Check No. 229

By: [Signature]

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] Date: 6/21/2011

JOSEPH A. CORDEIRO
Print or Type Name
PRESIDENT
Title