RI SOS Filing Number: 201183946040 Date: 10/07/2011 4:00 PM

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 | 2. Name of Corporation | | |
|---|---|---|---|
| 552957 | CONRI DEVELOPMENT GROUP, INC. | | |
| 3. Street Address Principal Business Office | City | State | Zip |
| 930 WATERMAN AVENUE | EAST PROVIDENCE | RI | 02914 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| (401) 434-3329 | CONNECTICUT | | |

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | Vice President Name |
|---|---|
| BRIAN DIXON | JAMES TURI |
| Street Address | Street Address |
| 2010 LITTLE MEADOW RD | 45 PINE HILL DRIVE |
| City / State / Zip | City / State / Zip |
| GUILFORD / CT / 06437 | EAST GREENWICH / RI / 02818 |
| Secretary Name | Treasurer Name |
| JAMES TURI | BRIAN DIXON |
| Street Address | Street Address |
| 45 PINE HILL DRIVE | 2010 LITTLE MEADOW RD |
| City / State / Zip | City / State / Zip |
| EAST GREENWICH / RI / 02818 | GUILFORD / CT / 06437 |

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name | Director Name |
|---|---|
| BRIAN DIXON | JAMES TURI |
| Street Address | Street Address |
| 2010 LITTLE MEADOW RD | 45 PINE HILL DRIVE |
| City / State / Zip | City / State / Zip |
| GUILFORD / CT / 06437 | EAST GREENWICH / RI / 02818 |
| Director Name | Director Name |
| | |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |

9. SHARES AUTHORIZED
5,000

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

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 | Class/Series | Par Value |
|---|---|---|
| 5,000 | CNP | NO |
| | | |

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.

[redacted] [redacted]

FILED

File Date OCT 07 2011

Check No. By MMC

By: 4476

FOR SECRETARY OF STATE USE ONLY

68380-12-663123

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 10/5/11
Date

EDWARD A. PASSARELLI
*Print or Type Name*

[redacted] ACCOUNTANT
*Title*

Form 630 Rev. 08/08