

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 2012 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(cerd)) is

subject to a penalty fee of \$25.00.		and a villening to just the arms	and report within the try (50) and sugar	er ane ame presented by and (re	.1.G.E. / -1.2-1 ) 01 ( <b>LO 1</b> /) 13
1. Corporate ID No. 106900	2. Name of Corporation V & M Realty, Inc.				
3. Street Address Principal Business Office 34 Hamlet Ave.			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of To hold, own, manage, and	f Business Conducted in Ri operate Real Estate.	oode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name Mathew Lacroix			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Vivian Lacroix		
Street Address 28 Mendon Road			Street Address 28 Mendon Road		
City Woonsocket	State RI	<sup>Ζίρ</sup> 02895	<i>сц</i> у Woonsocket	State RI	<sup>Zip</sup> 02895
Secretary Name Vivian Lacroix			Treasurer Name Mathew Lacroix		
Street Address 28 Mendon Road			Street Address 28 Mendon Road		
Woonsocket	State RI	<sup>Zip</sup> 02895	City Woonsocket	State RI	<sup>Zip</sup> 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name N/A			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	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 Shures	Class/Series	Par Value
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			New York Control of the Control		
This report must be executed this report must be executed of	on behalf of the corp	oration by an authorize	d representative. If the corpor trustee	oration is in the hands of	a receiver or trustee,

File Date	<b>(E)</b>
	1 0 2012
By: 51	6386
FOR SECRETARY (	OF STATE USE ONLY

including any accompanying scho	e and affirm that I have examined this report, edules and statements, and that all statements rect.
Signature Mathew Lacroix	1-18/-12
Print or Type Name	
President President	jez
Title	