



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 538971		2. Name of Corporation 138 MAIN STREET, INC		
3. Street Address Principal Business Office 84 OAK STREET			City WESTERLY	State RI
			Zip 02891	
4. Business Phone No. 401-742-2446		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE REAL ESTATE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOHN RITACCO			Vice President Name JOHN RITACCO	
Street Address 84 OAK STREET			Street Address 84 OAK STREET	
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI
			Zip 02891	
Secretary Name JOHN RITACCO			Treasurer Name JOHN RITACCO	
Street Address 84 OAK STREET			Street Address 84 OAK STREET	
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI
			Zip 02891	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOHN RITACCO			Director Name	
Street Address 84 OAK STREET			Street Address	
City WESTERLY	State RI	Zip 02891	City	State
			Zip	
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
			Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
2000		COMMON		NO PAR VALUE

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 FEB 16 2012
 Check No. 187
 By: _____
 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 John Ritacco Date 2/14/12
 JOHN RITACCO
 Print or Type Name
 PRESIDENT
 Title