



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 36272		2. Name of Corporation ALLIED REALTY COMPANY, INC.			
3. Street Address Principal Business Office 491 Kilvert Street			City Warwick	State RI	Zip 02886
4. Business Phone No. 738-5700		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island food preparation, processing, distribution, operation of restaurants, purchase of real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDMUND D. FULLER, III			Vice President Name WILLIAM R. FULLER		
Street Address 491 Kilvert Street			Street Address 491 Kilvert Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name WILLIAM R. FULLER / Ass't. Sec. JOHN D. BIAFORE			Treasurer Name EDMUND D. FULLER, III		
Street Address 491 Kilvert Street / 123 Dyer Street, Suite 3B			Street Address 491 Kilvert Street		
City Warwick / Providence	State RI / RI	Zip 02886 / 02903	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDMUND D. FULLER, III			Director Name WILLIAM R. FULLER		
Street Address 491 Kilvert Street			Street Address 491 Kilvert Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 500	Class/Series Common	Par Value No par value
			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: MAR 01 2012

Check No. BY 7551

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: Edmund D. Fuller Date: 2-28-12

EDMUND D. FULLER, III

Print or Type Name

PRESIDENT

Title