

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. 000043871		2. Name of Corporation MIDDLEBRIDGE REALTY, INC.			
3. Street Address Principal Business Office ONE CRESTWOOD DRIVE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-944-0104		5. State of Incorporation RI			
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 DOROTHY Z VINCINGUERRA			Vice President Name CARLOTTA LEYDEN		
Street Address 8995 COLLINS AVENUE			Street Address 40 PRINCESS PINE COURT		
City SURFSIDE	State FL	Zip 33154	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CARLOTTA LEYDEN			Treasurer Name DOROTHY Z VINCINGUERRA		
Street Address 40 PRINCESS PINE COURT			Street Address 8995 COLLINS AVENUE		
City NORTH KINGSTOWN	State RI	Zip 02852	City SURFSIDE	State FL	Zip 33154
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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)		
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

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. **3667**

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.

Dorothy Vinciguerra
Signature Date

DOROTHY Z VINCIGUERRA
Print or Type Name

PRESIDENT
Title