



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. 62081		2. Name of Corporation REVIVE PROPERTIES, INC.			
3. Street Address Principal Business Office 94 INDUSTRIAL LANE			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-826-0100		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE, MANAGE, REHABILITATE, SELL AND DEAL WITH REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL P. WINTER			Vice President Name NONE		
Street Address 94 INDUSTRIAL LANE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name E. COLBY CAMERON			Treasurer Name MICHAEL P. WINTER		
Street Address 301 PROMENADE STREET			Street Address 94 INDUSTRIAL LANE		
City PROVIDENCE	State RI	Zip 02908	City WEST WARWICK	State RI	Zip 02983
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL P. WINTER			Director Name		
Street Address 94 INDUSTRIAL LANE			Street Address		
City WEST WARWICK	State RI	Zip 02983	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	NO PAR	100	COMMON	NO PAR

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 CORPORATIONS DIVISION
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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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 16 2012 1157
 BY [Signature] 1161073

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: [Signature]
 Date: 3/14/12
 MICHAEL P. WINTER
 Print or Type Name
 PRESIDENT
 Title