



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                            |                    |                                                                         |                                                                     |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>390831</b>                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>Hallinan Capital Corporation</b> |                                                                     |                    |                     |
| 3. Principal office address<br><b>400 SE 5th Avenue, Suite 304N</b>                                                                                        |                    |                                                                         | City<br><b>Boca Raton</b>                                           | State<br><b>FL</b> | Zip<br><b>33432</b> |
| 4. Business Phone No.<br><b>(810) 667-9303</b>                                                                                                             |                    |                                                                         | 5. State of Incorporation<br><b>PA</b>                              |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To own, operate, hold, sell and finance real estate.</b>                 |                    |                                                                         |                                                                     |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                               |                    |                                                                         |                                                                     |                    |                     |
| President Name<br><b>Charles Hallinan</b>                                                                                                                  |                    |                                                                         | Vice-President Name<br><b>None</b>                                  |                    |                     |
| Street Address<br><b>400 SE 5th Avenue, Suite 304N</b>                                                                                                     |                    |                                                                         | Street Address                                                      |                    |                     |
| City<br><b>Boca Raton</b>                                                                                                                                  | State<br><b>FL</b> | Zip<br><b>33432</b>                                                     | City                                                                | State              | Zip                 |
| Secretary Name<br><b>None</b>                                                                                                                              |                    |                                                                         | Treasurer Name<br><b>None</b>                                       |                    |                     |
| Street Address                                                                                                                                             |                    |                                                                         | Street Address                                                      |                    |                     |
| City                                                                                                                                                       | State              | Zip                                                                     | City                                                                | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                              |                    |                                                                         |                                                                     |                    |                     |
| Director Name<br><b>Charles Hallinan</b>                                                                                                                   |                    |                                                                         | Director Name<br><b>None</b>                                        |                    |                     |
| Street Address<br><b>400 SE 5th Avenue, Suite 304N</b>                                                                                                     |                    |                                                                         | Street Address                                                      |                    |                     |
| City<br><b>Boca Raton</b>                                                                                                                                  | State<br><b>FL</b> | Zip<br><b>33432</b>                                                     | City                                                                | State              | Zip                 |
| Director Name<br><b>None</b>                                                                                                                               |                    |                                                                         | Director Name<br><b>None</b>                                        |                    |                     |
| 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           |
|                                                                                                                                                            |                    |                                                                         | 1,000.00                                                            | CNP                | 0.00                |

SECRETARY OF STATE  
 CORPORATION DIV  
 2012 APR 12 PM 4:07

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

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.

*Charles Hallinan* 3.1.12  
 Signature of Authorized Representative Date  
**Charles Hallinan**  
 Print or Type Name of Authorized Representative

**FILED**  
 APR 12 2012  
 By 16863  
 DS