



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 2011

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. 390831		2. Exact name of the Corporation Hallinan Capital Corporation			
3. Principal office address 400 SE 5th Avenue, Suite 304N			City Boca Raton	State FL	Zip 33432
4. Business Phone No. (610) 667-9303			5. State of Incorporation PA		
6. Brief description of the character of business conducted in Rhode Island To own, operate, hold, sell and finance real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Hallinan			Vice-President Name None		
Street Address 400 SE 5th Avenue, Suite 304N			Street Address		
City Boca Raton	State FL	Zip 33432	City	State	Zip
Secretary Name None			Treasurer Name None		
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 Charles Hallinan			Director Name None		
Street Address 400 SE 5th Avenue, Suite 304N			Street Address		
City Boca Raton	State FL	Zip 33432	City	State	Zip
Director Name None			Director Name None		
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 CORPORATIONS 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

FILED
 APR 12 2012
 By [Signature]

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