

## 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

1007

Entity ID No.		LE THIS REPORT BY M me of the Corporation	•••				
000088315	Glen Hills Realty Corporation						
Principal office address 33 Glen Hills Drive			City Cranston	State RI		Zip <b>02920</b>	
Business Phone No. <b>101-942-1666</b>			5. State of Incorporation RI				
Brief description of the char Real Estate Developm							
LIST ALL OFFICERS (NAI	MES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)		· · · · · · · · · · · · · · · · · · ·		<del></del>
President Name Gary T. Malloy			Vice-President Name  Kevin T. Malloy				
Street Address 33 Glen Hills Drive			Street Address 33 Glen Hills Drive				
ity Cranston	State RI	Zip	City State RI			Zip <b>02920</b>	
cretary Name <b>(evin T. Mailoy</b>			Treasurer Name Gary T. Malloy				
Street Address 33 Glen Hills Drive			Street Address 33 Glen Hills Drive				
ity Cranston	State Ri	Zip <b>02920</b>	City Cranston	State <b>Ri</b>		Zip 02920	
LIST ALL DIRECTORS (NA	AMES AND ADD	DRESSES) ("X" BOX FOR	ATTACHMENT)			<u> </u>	
oirector Name  Gary T. Malloy			Director Name  Kevin T. Malloy				
reet Address 13 Glen Hills Drive			Street Address 33 Glen Hills Drive				
ity Cr <b>anston</b>	State RI	Zip <b>02920</b>	City Cranston	State <b>RI</b>		Zip ~	25
rector Name Thomas F. Malloy			Director Name Christopher E. Malloy				
Street Address  33 Glen Hills Drive			Street Address 33 Glen Hills Drive				
ty C <b>ranston</b>	State RI	Zip <b>02920</b>	City Cranston	State <b>Ri</b>	<del></del>	Zip _0 0292 <b>5</b> 20	1000 1000 1000
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATT	ACHMEN	من 🗆 🗀	25
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. se Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PA	R VALUE	< <u></u>
		200					
his report must be executed	on behalf of the	corporation by an authorize	d representative. If the o	corporation is in the ha	ands of a	receiver or t	trustee,
File Date		ist be executed on behalf of	Under penalty of pe	eceiver or trustee. erjury, I declare and a ng any accompanyin	affirm the	at I have ex	amined
Check No		FILED :	and that all stateme	ents contained herei	n are true	and corre	ct.
By:		MAY 8 + 201	Signature of Authori	zed Representative	$\bigcap$	<u> </u>	ate
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Form No. 630 Revised: 01/2012