



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 2010

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. 90515		2. Name of Corporation Thorp & McAndrew Real Estate			
3. Street Address Principal Business Office 87 Franklin Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-5184		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to buy, sell, exchange, lease real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen O. McAndrew			Vice President Name NONE		
Street Address 87 Franklin Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name			Treasurer Name Elizabeth Monty		
Street Address			Street Address PO Box 2113		
City	State	Zip	City Westerly	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen O. McAndrew			Director Name		
Street Address 87 Franklin Street			Street Address		
City Westerly	State RI	Zip 02891	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) <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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 2000 authorized	Class/Series CNP	Par Value -0-
			NONE		

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 1128
SEP 28 2012
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.
BY 12-179977 Stephen O. McAndrew 8/12/10
Signature _____ Date _____
STEPHEN O/MCANDREW
Print or Type Name _____
Owner/President
Title _____