

## 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 2009 Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

4. Business Phone No. 401-521-2255 5. State of Incorporation RI  Fresident Name Annage real estate 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
160 Broad Street				
4. Business Phone No. 401-521-2255 5. State of Incorporation RI  5. State of Incorporation RI  5. State of Incorporation RI  6. Brief description of the character of business conducted in Rhode Island  Manage real estate  7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	ip			
Manage real estate  7. UST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  President Name Anne M. Nolan  Street Address 160 Broad Street  Aurie A. Devilin  Street Address Coldwell Banker, 875 Oaklawn Avenue  Treasurer Name Marian L. Barrette  Street Address Coldwell Banker, 875 Oaklawn Avenue  Street Address Coldwell Banker, 875 Oaklawn Avenue  Treasurer Name Marian L. Barrette  Street Address Citizens Bank, 1 Citizens Plaza  Treasurer Name Marian L. Barrette  Street Address Citizens Bank, 1 Citizens Plaza  Treasurer Name Marian L. Barrette  Street Address Citizens Bank, 1 Citizens Plaza  Treasurer Name  Street Address  Treasurer Name  Director Name  Director Name  Director Name  Director Name  Director Name  Treasurer Name  Narian L. Barrette  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Treasurer Name  Director Name  Director Name  Treasurer Name  Director Name  Treasurer Name  Narian L. Barrette  Treasurer Name  Treasurer Name	02903			
Anne M. Nolan  Street Address 160 Broad Street  Street Address 160 Broad Street  Providence RI  D2903  Providence RI  Providence RI  D2903  Providence RI  Treasurer Name Marian L. Barrette  Street Address Coldwell Banker, 875 Oaklawn Avenue  Street Address Coldwell Banker, 875 Oaklawn Avenue  Treasurer Name Marian L. Barrette  Street Address City Box Fora ATTACHMENT)  Director Name  None  Treet Address  Street Address  Street Address  City Providence RI  Director Name  None  Treet Address  Street Address				
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Providence RI 02903 Providence RI 02903 Providence RI 0  Secretary Name Mary Leahey  Street Address  Coldwell Banker, 875 Oaklawn Avenue  City Cranston State RI 02920 City Providence RI 0  Street Address  Street A	<del></del>			
Mary Leahey  Street Address Coldwell Banker, 875 Oaklawn Avenue  City Cranston State RI  Zip O2920 City Providence RI  Zip Director Name None  Street Address  City State RI  Zip O2920 City State RI  Zip O2920 City State RI  Zip Director Name None  Street Address  Street	p 02903			
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Director Name Street Address  Street Address  City State  Zip  NUMBER OF SHARES  CLASS/SERIES  PAR VAI  To,000  Common  Tommon	) 12903			
None  Street Address  Street Address  Street Address  Street Address  Director Name  Treet Address  Street Address  Street Address  Ity State Zip City State Zip  State Zip City State Zip  SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  NUMBER OF SHARES CLASS/SERIES PAR VAI  State. Changes require an additional filling.  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.  Under genalty of perjury, I declare and affirm that I he this report, including any accompanying schedules.	~>			
Street Address  Director Name  Director Name  Director Name  State  Zip  City  State  Zip  City  State  Zip  State  Zip  City  State  Zip  State  Zip  NUMBER OF SHARES  CLASS/SERIES  PAR VAI  State. Changes require an additional filling. See Section 9 of instruction sheet.  Chis report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I he this report, including any accompanying scheduler.	<u> </u>			
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Check No and that all statements contained herein are true and	and stateme 1 correct.			
By:Signature of Authorized Representative	/ <i> )</i>			
FOR SECRETARY OF STATE USE ONLY  JAN 2 5 2013  Laurie A. Devlin  Print or Type Name of Authorized Representative	Laurie A. Devlin			
rm No. 630 vised: 01/2012  Print or Type Name of Authorized Representative				