

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.

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.	l.	me of the Corporation					
145255	Pine H	ill Realty, Inc.					
3. Principal office address 22 Hickory Hill Road			City North Scituate	State RI	Zip 02857		
i. Business Phone No. 401-647-0559			5. State of Incorporation Rhode Island				
6. Brief description of the ch To buy, Hold, Invest		s conducted in Rhode Island Estate	i				
/// -IST /AU - O FFICERS/()	AMES AND ADD	HESSES) ("X" BOX FOR A	n(ennexi)	e a du Zales e de la les	dis es a reconstruir su sus		
President Name David Goolgasian			Vice-President Name David Goolgasian				
Street Address 22 Hickory Hill Road			Street Address 22 Hickory Hill Road				
City North Scituate	State RI	Zip 02857	City State RI		Zip 02857		
Secretary Name Michelle Goolgasiar				Treasurer Name David Goolgasian			
Street Address 123 Pine Hill Road			Street Address 22 Hickory Hill Road				
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857		
LIST ALL DIRECTORS	NAMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)	New York	and Englisher with a series		
Director Name			Director Name		•		
Street Address			Street Address				
City	State	Zip	City	State Zip			
Director Name	I		Director Name		. <u> </u>		
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
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			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
his information is current if State. Changes require a see Section 9 of instruction	an additional filing		1000	STK \$1.00			
This report must be execute		corporation by an authorize st be executed on behalf of			ds of a receiver or trustee,		
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APPENDING TO SECURITY.			A		200

Form No. 630 Revised: 01/2012 FILED

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

David Goolgasian

Print or Type Name of Authorized Representative