



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 02904-2515  
401.222.3666

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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. 16266		2. Name of Corporation WASHINGTON COUNTY DEVELOPMENT CORPORATION					
3. Street Address Principal Business Office 133 Old Tower Hill Rd., Ste. 1				City Wakefield	State RI	Zip 02879	
4. Business Phone No. 789-0217			5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Lawrence C. LeBlanc				Vice President Name			
Street Address 497 West Beach Road				Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip		
Secretary Name Archibald B. Kenyon, Jr.				Treasurer Name Lawrence C. LeBlanc			
Street Address 133 Old Tower Hill Rd., Ste. 1				Street Address 497 West Beach Road			
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Lawrence C. LeBlanc				Director Name Archibald B. Kenyon, Jr.			
Street Address 497 West Beach Road				Street Address 133 Old Tower Hill Rd., Ste. 1			
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value		
1,000	COMM NO PAR VALUE		1,000	COMMON	NO PAR		

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 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.

**FILED**  
File Date  
Check No. **JAN 30 2008**  
By **DS-7501**  
FOR SECRETARY OF STATE USE ONLY

Signature  
**LAURENCE C. LEBLANC**  
Date  
Print or Type Name  
**President**  
Title