



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 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. 51602		2. Name of Corporation HORTON PROPERTIES, INC.			
3. Street Address Principal Business Office 38 EDMUND STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401-4384582		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN GENERAL REAL ESTATE BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN L. HORTON			Vice President Name CHRISTINE LYNCH		
Street Address 38 EDMUND STREET			Street Address 255 CHASE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City NORTH DIGHTON	State MA	Zip 02764
Secretary Name CHRISTINE LYNCH			Treasurer Name JOHN L. HORTON		
Street Address 255 CHASE STREET			Street Address 38 EDMUND STREET		
City NORTH DIGHTON	State MA	Zip 02764	City EAST PROVIDENCE	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN L. HORTON			Director Name CHRISTINE LYNCH		
Street Address 38 EDMUND STREET			Street Address 255 CHASE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City NORTH DIGHTON	State MA	Zip 02764
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		02764			
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
7000	NO PAR VALUE		100	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.

**FILED**  
MAR 03 2008  
By DS 78362  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature: *Christine Lynch* Date: February 28, 2008  
CHRISTINE LYNCH  
VICE PRESIDENT