



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. 000293846 | | 2. Name of Corporation TRISECT PROPERTIES, INC. | |
| 3. Street Address Principal Business Office 2 COX COURT | | City BRISTOL | State RI |
| | | Zip 02809 | |
| 4. Business Phone No. 401-254-2992 | | 5. State of Incorporation RHODE ISLAND | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name WILLIAM P DENNIS | | Vice President Name THOMAS J. PRINCIPE | |
| Street Address 576 METACOM AVENUE #2 | | Street Address 490 RIVERSIDE DRIVE | |
| City BRISTOL | State RI | City TIVERTON | State RI |
| | | Zip 02878 | |
| Secretary Name EDWARD J COX II | | Treasurer Name EDWARD J COX II | |
| Street Address 2 COX COURT | | Street Address 2 COX COURT | |
| City BRISTOL | State RI | City BRISTOL | State RI |
| | | Zip 02809 | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | Zip | |
| 9. SHARES AUTHORIZED 3,000 NO PAR VALUE | | 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 3,000 | Class/Series COMMON |
| | | Par Value 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
SEP 19 2008
BY AMF
68639

File Date _____
Check No. _____
By: _____
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: Date: 9/19/08
WILLIAM P DENNIS
Print or Type Name
PRESIDENT
Title