

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 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

| 1. Corporate ID No. 44712 | THE DOU | 2. Name of Corporation THE DOUGLASS GROUP, INC. | | | | | |
|--|----------------------|---|--|----------------------|-------------------------|--|--|
| 1 Richmond Square | | | | State RI | ^{Zip} 02906 | | |
| 5. State of Incorporation 401-353-8210 5. State of Incorporation Rhode Island | | | | | | | |
| i. Brief Description of the Char consulting business in | the construction m | anagement business | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Robert H. Douglass | | | CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Penelope J. Stanley | | | | |
| Street Address 1 Richmond Square | | | Street Address 5 Fanning Lane | | | | |
| City Providence | State RI | ^{Zip} 02906 | City Greenville | State RI | 7.ip 02828 | | |
| Secretary Name Penelope J. Stanley | | | Treasurer Name Robert H. Douglass | | | | |
| Greet Address 5 Fanning Lane | | | Street Address 1 Richmond Square | | | | |
| cu) [.] Greenville | State RI | ^{Zip} 02828 | Providence | State RI | ^{ир} 02906 | | |
| NAMES AND ADDRES Director Name None | SSES OF THE DIR | ECTORS: ("X" BOX FOR ATT | ACHMENT) FILL II Director Name | N SPACES BEFORE USIN | G ATTACHMENTS | | |
| rvet Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| Жу | State | Zip | Clly | State | Zip | | |
| . SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| This information is curre | ently of record in t | he Office of the Secretary of | Number of Shares | Class/Series | Par Value | | |
| 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. | | | 100 | Common | No Par | | |
| | | | THIS SEC | CTION MUST BE CO | JIMPE LED | | |

| File Date FILED |
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| Check No. FEB 25 2000 |
| By 4538 |
| FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm t | | | |
|--|----------|----------|-----------------|
| including any accompanying schedules and sta | tements, | and that | yall statements |
| contained herein are true and correct | | _ | |
| A LANGE | l | 3(| 09 |
| Signature | Da | te , | |
| Robert H. Døuglass | | | |
| Print or Type Name | | | · |
| President | | | |
| Title | | | |