



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 2010

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. 00120704		2. Name of Corporation AMS Realty, Inc.	
3. Street Address Principal Business Office 10 STRAWBERRY LANE		City WARREN	State RI
4. Business Phone No. 401 245 2000		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE AGENCY & BROKERAGE BUSINESS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Arlene M. Scott		Vice President Name Arlene M. Scott	
Street Address 10 STRAWBERRY LANE		Street Address 10 STRAWBERRY LANE	
City WARREN	State RI	City WARREN	State RI
Secretary Name Arlene Scott		Treasurer Name Arlene Scott	
Street Address 10 STRAWBERRY LANE		Street Address 10 STRAWBERRY LANE	
City WARREN	State RI	City WARREN	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Arlene Scott		Director Name	
Street Address 10 STRAWBERRY LANE		Street Address	
City WARREN	State RI	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
100	COMMON	NO PAR VALUE	

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.

File Date **FILED**
Check No. JAN 29 2010
By: 2307
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 Arlene M. Scott Date 1/26/10
Print or Type Name Arlene M. Scott
Title President