



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. 116782 | | 2. Name of Corporation R-Bour Holdings, Inc. | | |
| 3. Street Address Principal Business Office 54 Third Street | | City Barrington | State RI | Zip 02806 |
| 4. Business Phone No. 401-245-4324 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To acquire by purchase, lease or otherwise and to improve and develop real property and other buildings of all kinds and to sell or rent the same to deal in real estate of all kinds. | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Raymond F. Bourassa | | Vice President Name Raymond F. Bourassa | | |
| Street Address 54 Third Street | | Street Address 54 Third Street | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI |
| Secretary Name Raymond F. Bourassa | | Treasurer Name Raymond F. Bourassa | | |
| Street Address 54 Third Street | | Street Address 54 Third Street | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Raymond F. Bourassa | | Director Name | | |
| Street Address 54 Third Street | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | 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"/> | |
| 2,000 | No Par Value | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | |
| | | | Number of Shares | Class/Series |
| | | | 1,000 | 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.

File Date **FILED**
Check No. _____
By: **FEB 03 2010**
645
By _____
OR 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 *Raymond F. Bourassa* Date *2-2-2010*
Raymond F. Bourassa
Print or Type Name
President
Title