

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

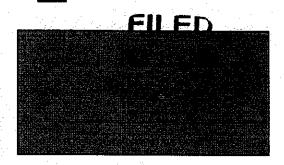
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(e) day

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 823:68	2. Name of Corporation H.D. Randall Res	2. Name of Corporation H.D. Randall Realtors of Wickford, Inc.				
3. Street Address Principal Business O 23 Brown Street	ffice		City Wickford	State Rhode Island	24p 02852	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of buy, sell, exchange, lease, le	of Business Conducted in R et, grant or take licer	bode Island nses in respect of Impro	ove develope, repair, manage	, maintain & operate re	al property	
		Altarolósi Altarolosi	secentes Beirragis		rollse je dogić ka	
President Name			Vice President Name			
H. Douglas Randall, III			Marc R. Archambault			
Street Address 8 Waxcadowa Avenue			Street Address 148 High Street			
Cib <sup>,</sup> Westerly	State RI	<i>г</i> 02891	City Wakefield	State RI	<sup>Ζφ</sup> 02879	
Secretary Name Marc R. Archambault	<b>5</b> > 6 = 9 5 2 2 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>**************************</b>	Treasurer Name Michael Schiott			
Street Address 148 High Street			Street Address 1 Frederick Lane	- , , , , , , , , , , , , , , , , , , ,		
City	State	120		I a		
Wakefield	RI	<sup>Zip</sup> 02879	Ctry Cumberland	State RI	<sup>Zip</sup> 02864	
Director Name None			Director Name		A STATE OF THE STA	
			Director Name Street Address			
None	State	Zip		State	Zip	
None Street Address	State	Ζίρ	Street Address	State	Zip	
None Street Address City	State	Zip	Street Address City	State	Zip	
None Street Address City Director Name	State	Zip Zip	Street Address City Director Name	State	Zip Zip	
None Street Address City Director Name Street Address	<u></u>	<u></u>	Street Address City  Director Name  Street Address			
None Street Address City Director Name Street Address	<u></u>	<u></u>	Street Address  City  Director Name  Street Address  City	State		
None Street Address City Director Name Street Address City	State	Zip	Street Address  City  Director Name  Street Address  City  ISSUED SHARES — THIS SECTION 1	State MUST BE COMPLETED	Zφ	
None Street Address  City  Director Name  Street Address  City  This information is currently	State  State  of record in the Office	Zip  ce of the Secretary of	Street Address  City  Director Name  Street Address  City	State		
None Street Address City Director Name Street Address City	State  State  of record in the Office	Zip  ce of the Secretary of	Street Address  City  Director Name  Street Address  City  ISSUED SHARES — THIS SECTION I Number of Shares  100	State  MUST BE COMPLETED  Class/Series  Common	Zip  Par Value  No par Value	
None Street Address  City  Director Name  Street Address  City  This information is currently State. Changes require an address	State  State  of record in the Office	Zip  ce of the Secretary of	Street Address  City  Director Name  Street Address  City  ISSUED SHARES — THIS SECTION   Number of Shares	State  MUST BE COMPLETED  Class/Series  Common	Zip Par Value	

this report must be executed on behalf of the corporation by the receiver or trustee.



Under penalty of perjury, I declare and affirm that I have			
including any accompanying schedules and statements,	and that	ill staten	aent
including any accompanying schedules and statements, contained herein are true and confect.	al	1	

H. Douglas Randall, III

Print or Type Name

**President** 

Title

Form 630 Rev. 08/08