

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 2011

401.222.30

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&rd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Co	rporation	<u> </u>		
66483		ealty Corporation			
3. Street Address Principal Business Office 22 Bowen Street			Providence	State Rhode Island	^{Zip} 02903
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Cha REAL ESTATE BUSIN	racter of Business Condi	icted in Rhode Island	<u> </u>		
. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN	SPACES BEFORE USING A	TTACHMENTS
President Name Carmine A. Rao			Vice President Name None		
Street Address 22 Bowen Street			Street Address		
Providence	State RI	Ζφ 02903	City	State	Zip
Secretary Name Carmine A. Rao			Treasurer Name Carmine A. Rao		
Street Address 22 Bowen Street			Street Address 22 Bowen Street		
Providence	State RI	^{Zip} 02903	City Providence	State RI	<i>Σψ</i> 02903
. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	: TACHMENT) [FILL II	N SPACES BEFORE USING	ATTACHMENTS
None			Director Name None		
reet Address		Street Address			
(t)	State	Zip	City	State	Zip
Director Name None			Director Name		
Street Address			None Street Address		
dy.	-	·			
y	State	Zip	City	State	Zip
SHARES AUTHORIZE	D '	,		 <i>("X" BOX FOR ATTACHM</i> CTION <u>MUST</u> BE COMPLETED	 IENT) []
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.			Number of Shares	Class Series	Par Value
			1,000	Common	No Par
nis report must be execuis report must be execu	uted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the cor trustee.	orporation is in the hands o	f a receiver or trustee
			Under penalty of p	orium I daylara and CC	
			including any acco	erjury, I declare and affirm that impanying schedules and staten	i have examined this re nents, and that all staten
le Date	L./		Tarm.	ze une and correctly	2/4/4
reck No	1 7 2011		Signature	- jui	Date Date
By_/Mnc			Carmine A. Rao		
6166			Print or Type Name President		
FOR SECRETARY OF	F STATE USE ONLY		Title	· <u> </u>	