

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

		E THIS REPORT BY M	ARCH 31 WILL RESU	JLT IN A \$25.00 PENAL	TY FEE.			
1. Entity ID No.	<b>I</b>	2. Exact name of the Corporation  A & B PROPERTY BROKERS, INC.						
3. Principal office address  222 WARWICK AVENUE			City CRANSTON	State RI	Zip <b>02905</b>			
4. Business Phone No. (401) 580-5649			5. State of Incorporation RHODE ISLAND		SE.			
6. Brief description of the c REAL ESTATE HO		s conducted in Rhode Island			PEB 2			
7. LIST ALL OFFICERS (	NAMES AND ADDR	ESSES) ("X" BOX FOR AT	TTACHMENT)					
President Name ANTHONY D. PILOZZI			Vice-President Name BLAISE MARFEO		PH ONS			
Street Address 30 HOPKINS AVENUE			Street Address 10 GREEN VALLEY DRIVE					
City JOHNSTON	State RI	Zip <b>02919</b>	City JOHNSTON	State <b>RI</b>	02919			
Secretary Name ANTHONY D. PILOZZI			Treasurer Name BLAISE MARFEO					
Street Address 30 HOPKINS AVEN	IUE		Street Address 10 GREEN VALLEY DRIVE					
City JOHNSTON	State RI	Zip <b>02919</b>	City JOHNSTON	State <b>RI</b>	Zip <b>02919</b>			
8. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)					
Director Name ANTHONY D. PILO			Director Name BLAISE MARFEO					
Street Address 30 HOPKINS AVENUE			Street Address 10 GREEN VALLEY DRIVE					
City JOHNSTON	State RI	Zip <b>02919</b>	City JOHNSTON	State RI	Zip <b>02919</b>			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZE	Dia .		10, SHARES ISSUED	("X" BOX FOR ATTACHN	IENT)			
v, wintles ny ili alline	<del>-</del> . ∵ <u> </u>		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.			1,000	COMMON	NO PAR			
This report must be execu	uted on behalf of the this report mu	corporation by an authorize ist be executed on behalf of	1	corporation is in the hands of eceiver or trustee.	of a receiver or trustee,			

FOR SECRETARITY OF STATE		LIFED	ANTHONY D. PILOZZI  Print or Type Name of Authorized Representative		
FOR SECRETARY OF STATE USE ONLY					
By:	<del></del>		EEB <b>3 e</b> 5012		
				(AMM) WALLY I CON A I ID IN	
Check No				Cath 100 1 + 1 - 11 - 15 - 15	
FIIO DATE			79. N. L.	and that all statements contained herein are true and correct.	
File Date	, A	1	112319	this report, including any accompanying schedules and statements.	
4.0				Under penalty of perjury, I declare and affirm that I have examined	

Form No. 630 Revised: 01/2012