



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR -3 PM 12:37

1. Entity ID Number 000049		2. Exact name of the Corporation A & B PROPERTY BROKERS, INC.			
3. Principal Office Address 30 HOPKINS AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY D. PILOZZI			Vice-President Name BLAISE MARFEO		
Street Address 30 HOPKINS AVENUE			Street Address 10 GREEN VALLEY DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ANTHONY D. PILOZZI			Treasurer Name BLAISE MARFEO		
Street Address 30 HOPKINS AVENUE			Street Address 10 GREEN VALLEY DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY D. PILOZZI			Director Name BLAISE MARFEO		
Street Address 30 HOPKINS AVENUE			Street Address 10 GREEN VALLEY DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NO PAR
11. 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. 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.					
Name of Authorized Representative ANTHONY D. PILOZZI				Date <i>January 20, 2017</i>	
Signature of Authorized Representative <i>Anthony D. Pilozzi</i>				<i>President</i>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 03 2017

BY 1000