RI SOS Filing Number: 201857081730 Date: 1/30/2018 4:00:00 PM

State of Rhode Island Department of			Division				
Annual Report for the	year: 201	8				رن جہر	
Corporation					•	ECR COF	
→ Filing period: January:	1 - March 1					ECRETATE CORPOR	
→ Filing Fee: \$50.00→ Penalty: Additional \$25.	.00 fee if form is n	ot filed by April 1.				Z ZAC	
1. Entity ID Number		2. Exact name of the Corporation					
000049	A & B P	A & B PROPERTY BROKERS, INC.					
3. Principal Office Address 30 HOPKINS AVENUE			City JOHNSTON	City Sta JOHNSTON RI		49 N H H H H H H H H H H H H H H H H H H	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
53 () 0	REAL EST	REAL ESTATE HOLDING					
5 State of Incorporation RHODE ISLAND							
7. List ALL officers (names and	Check the box to indicate an attachment						
President Name ANTHONY D.	Vice-President Name BLAISE MARFEO						
Street Address 30 HOPKINS A	Street Address 10 GREEN VALLEY DRIVE						
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON		State RI	^{Zip} 02919	
Secretary Name ANTHONY D.	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 a	nd addresses)		Disasta: Name	Chec	k the box to ind	icate an attachment	
Director Name ANTHONY D. P	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		. <u> </u>	Director Name		•		
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10 Shares Iss		Check		icate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		1,000	r JHANES	COMMON		NO PAR	
		-	 				
11. This report must be execu	ted on behalf of th	e corporation by an a	authorized repres	l sentative If the corp	poration is in the	e hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d	ecuted on henalf of	of the corporation by	the receiver or tr	rustee.			
statements, and that all stat	ements containe	uiac i nave examin d herein are true ar	nd correct.		Date	/ /	
Name of Authorized Represer ANTHONY D. PILOZZI	itative				18//	11/18	
Signature of Authorized Repre	esentative	lanni.	CUMENT MERE		2 0 2018	9	
MAIL TO: Division of Business Services 148 W River Street, Providence. ⁵ Phone: (401) 222-3040 Website: www.sos.ri gov	Rhode Island 02904-	2615		BV	30	3030 - Revised: 10/201	