



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

Annual Report for the year: 2019
Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

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

2019 FEB - 1 PM 2: 29

1. Entity ID Number 000049		2. Exact name of the Corporation A & B PROPERTY BROOKERS, INC.			
3. Principal Office Address 30 HOPKINS AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 53110		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		State RI	
Zip 02919		City JOHNSTON		State RI	
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		State RI	
Zip 02919		City JOHNSTON		State RI	
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		State RI	
Zip 02919		City JOHNSTON		State RI	
City JOHNSTON		State RI		Zip 02919	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State		Zip	
9. Shares Authorized 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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			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
Signature of Authorized Representative <i>Anthony D. Pilozzi</i>					

SIGNATURE **FILED** *January 21, 2019*

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

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 BY Ch ck 1157