

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

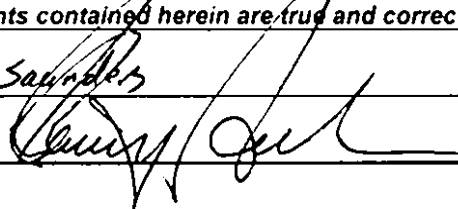
Annual Report for the year: 2019
 Corporation

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

FILED

MAR 18 2019

BY 5018

1. Entity ID Number 507817		2. Exact name of the Corporation 37-43 MITCHELL PLACE HOLDINGS INC				
3. Principal Office Address 47 TANGLEWOOD DRIVE			City WEST WARWICK	State RI	Zip 02893	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE				
5. State of Incorporation CT						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
President Name MITCHEL SAUNDERS			Vice-President Name PHILIP GUSSACK			
Street Address 65 BERMUDA ROAD			Street Address 32 AUSTIN HILL RD			
City WESTPORT	State CT	Zip 06881	City POUND RIDGE	State NY	Zip 10576-1810	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		200			.01	
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 X Mitchell Saunders					Date 3/12/2019	
Signature of Authorized Representative 						

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