



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

**Annual Report for the year: 2020**  
**Corporation**

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 BUS SVCS DIV

2020 FEB -4 AM 10:49

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

|   |                    |   |   |                    |                                 |
|---|--------------------|---|---|--------------------|---------------------------------|
| 1. Entity ID Number<br><b>000000049</b>   |                    | 2. Exact name of the Corporation<br><b>A &amp; B PROPERTY BROOKERS, INC.</b>                              |   |                    |                                 |
| 3. Principal Office Address<br><b>30 HOPKINS AVENUE</b>   |                    |   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>             |
| 4. NAICS Code<br><del>53110</del> <b>53110</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING</b> |   |                    |                                 |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |   |   |                    |                                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                                 |
| President Name<br><b>ANTHONY D. PILOZZI</b>   |                    |   | Vice-President Name<br><b>BLAISE MARFEO</b>   |                    |                                 |
| Street Address<br><b>30 HOPKINS AVENUE</b>  |                    |   | Street Address<br><b>10 GREEN VALLEY DRIVE</b>  |                    |                                 |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>             |
| Secretary Name<br><b>ANTHONY D. PILOZZI</b>   |                    |   | Treasurer Name<br><b>BLAISE MARFEO</b>  |                    |                                 |
| Street Address<br><b>30 HOPKINS AVENUE</b>  |                    |   | Street Address<br><b>10 GREEN VALLEY DRIVE</b>  |                    |                                 |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                                 |
| Director Name<br><b>ANTHONY D. PILOZZI</b>  |                    |   | Director Name<br><b>BLAISE MARFEO</b>   |                    |                                 |
| Street Address<br><b>30 HOPKINS AVENUE</b>  |                    |   | Street Address<br><b>10 GREEN VALLEY DRIVE</b>  |                    |                                 |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>             |
| Director Name   |                    |   | Director Name   |                    |                                 |
| Street Address  |                    |   | Street Address  |                    |                                 |
| City  | State              | Zip   | City  | State              | Zip                             |
| 9. Shares Authorized  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                                 |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  |                    | CLASS/SERIES                    |
|   |                    |   | 1,000   |                    | COMMON                          |
|   |                    |   |   |                    | PAR VALUE                       |
|   |                    |   |   |                    | 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.<br>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<br><b>ANTHONY D. PILOZZI</b>  |                    |   |   |                    | Date<br><b>January 20, 2020</b> |
| Signature of Authorized Representative<br><i>Anthony D. Pilozzi</i>   |                    |   |   |                    | <b>FILED</b>                    |

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 Cr 1195*  
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