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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
40925	CARMELOT REALTY, INC.

3. Street Address Principal Business Office	City	State	Zip
643 St. Paul St.	North Smithfield	Rhode Island	02896

4. Business Phone No.	5. State of Incorporation
401-766-5991	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Realestate rental

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Carmella M. Gallant	664 Black Plain Rd.	North Smithfield	Rhode Island	02896

Vice President Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black Plain Rd	North Smithfield	Rhode island	02896

Secretary Name	Street Address	City	State	Zip
Carmella M. Gallant	664 Blank Plain Rd.	North Smithfield	Rhode Island	02896

Treasurer Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black plain Rd.	North Smithfield	Rhode Island	02896

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Carmella M. Gallant	664 Black Plain Rd.	North Smithfield	Rhode Island	02896

Director Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black Plain Rd.	North Smithfield	Rhode Island	02896

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200		No Par Value

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.

[redacted]

[redacted]

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.

Robert R. Gallant 9-20-11
Signature *Date*

Robert R. Gallant
Print or Type Name

Vice President / Treasurer
Title

[redacted]

FILED
File Date _____
Check No. SEP 22 2011
By: BY 1810
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67856-12-662909

Form 630 Rev. 08/08