

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Director Name

Street Address

NONE

City

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

124734 R. CAMPANELLI DEVELOPMENT CORPORATION 3. Street Address Principal Business Office State ONE CAMPANELLI DRIVE BRAINTREE MA 02184 4. Business Phone No. 5. State of Incorporation 6. SIC Code 781-843-8280 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
FOR BUYING, SELLING, DEVELOPMENT AND CONSTRUCTION OF REAL ESTATE IN THE STATE OF RHODE ISLAND FOR RESIDENTIAL AND COMMERCIAL PURPOSES President Name Vice President Name RALPH CAMPANELLI .RALPH CAMPANELLI Street Address Street Address ONE CAMPANELLI DRIVE . SAME City State Zip City State Zip BRAINTREE MA 02814 Secretary Name Treasurer Name RALPH CAMPANELLI RALPH CAMPANELLI Street Address \* Street Address SAME SAME City State Zip City State Zip Director Name Director Name RALPH CAMPANELLI \* NONE Street Address Street Address SAME City State Zip City Zip

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Director Name

·Street Address

NONE

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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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By BY_				20.	16		
FOR SE	CRETAR	Y OF	STATE	USE	ONLY		

State

Zip

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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

State

Signature of Other manually 1/26

RALPH CAMPANELLI

Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01