PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000111930	AWASHONK'S REALTY, INC.

3. Principal office address	City	State	Zip
50 STAFFORD ROAD	TIVERTON	RI	02878

4. Business Phone No.	5. State of Incorporation
401-624-9600	RI

6. Brief description of the character of business conducted in Rhode Island
DEALING IN PERSONAL PROPERTY OF EVERY NATURE AND REAL PROPERTY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MARK A. DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

Vice-President Name	Street Address	City	State	Zip
CHERYL DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

Secretary Name	Street Address	City	State	Zip
CHERYL DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

Treasurer Name	Street Address	City	State	Zip
MARK A. DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MARK A. DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

Director Name	Street Address	City	State	Zip
CHERYL DEMELLO	96 SANDRA LEE LANE	TIVERTON	RI	02878

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
1000	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	CNP	0.00

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.

Signature of Authorized Representative — Date: 06/05/2012

MARK DeMello
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
JUN 07 2012

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