



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

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. <b>158051</b>		2. Exact name of the Corporation <b>RK NELSON REALTY, INC</b>		
3. Principal office address <b>268 ELM STREET</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>401 467-7031</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ANY LAWFUL PURPOSE, PRIMARILY THE AQUISITION AND LEASING OF REAL ESTATE</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>KAREN K. NELSON</b>		Vice-President Name <b>ROBERT C. NELSON</b>		
Street Address <b>268 ELM STREET</b>		Street Address <b>268 ELM STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>WARWICK</b>	State <b>RI</b>
Secretary Name <b>KAREN K. NELSON</b>		Treasurer Name <b>ROBERT C. NELSON</b>		
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>NONE</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	COMMON	NONE

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

JAN 30 2013

BY 1117

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.

Karen K Nelson  
Signature of Authorized Representative

1/28/13  
Date

**KAREN K. NELSON**

Print or Type Name of Authorized Representative

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