



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. 101060		2. Exact name of the Corporation YW Realty, Inc.			
3. Principal office address 1309 Warwick Avenue		City Warwick		State RI	Zip 02888
4. Business Phone No. 401-463-9133		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island operate, buy, sell, build, mortgage and lease real estate and to construct, renovate, repair and operate buildings, dwellings					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin J. Fox			Vice-President Name Michael P. Fox		
Street Address 8 Macera Circle			Street Address 158 Albert Avenue		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02905
Secretary Name Michael P. Fox			Treasurer Name Kevin J. Fox		
Street Address 158 Albert Avenue			Street Address 8 Macera Circle		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin J. Fox			Director Name Michael P. Fox		
Street Address 8 Macera Circle			Street Address 158 Albert Avenue		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			500	Common	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 20 2013

BY **10894**

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

Kevin J. Fox

Print or Type Name of Authorized Representative

2-14-2013