



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. 66593		2. Exact name of the Corporation KELLAWAY REALTY CORP		
3. Principal office address 24 COMMERCE ST.		City PAWTUCKET	State RI	Zip 02862
4. Business Phone No. 401-724-6970		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASEHOLD, SELL & MANAGE REAL PROPERTY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name KENDALL P. KELLAWAY		Vice-President Name		
Street Address 40 NORTH WASHINGTON DR		Street Address		
City SARASOTA	State FL	Zip 34236	City	State
Secretary Name SHARON KELLAWAY		Treasurer Name KENDALL P. KELLAWAY		
Street Address 40 NORTH WASHINGTON DR		Street Address 40 NORTH WASHINGTON DR		
City SARASOTA	State FL	Zip 34236	City SARASOTA	State FL
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name KENDALL P. KELLAWAY		Director Name SHARON KELLAWAY		
Street Address 40 NORTH WASHINGTON DR		Street Address 40 NORTH WASHINGTON DR		
City SARASOTA	State FL	Zip 34236	City SARASOTA	State FL
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	10.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 21 2013

BY 8443

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 Kendall P. Kellaway Date 2-16-13
 Authorized Representative

KENDALL P. KELLAWAY SR
 Print or Type Name of Authorized Representative