



**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>137361</b>		2. Exact name of the Corporation <b>WALLACE REALTY, INC.</b>	
3. Principal office address <b>555 CRANSTON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. Business Phone No. <b>401 272-9566</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Purchase, building &amp; development of real estate</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>MARK DUXBURY</b>		Vice-President Name <b>CRAIG DUXBURY</b>	
Street Address <b>137 WALLACE STREET</b>		Street Address <b>SAME</b>	
City <b>Providence</b>	State <b>RI</b>	City	State
	Zip <b>02909</b>		Zip
Secretary Name <b>MARK DUXBURY</b>		Treasurer Name <b>MARK DUXBURY</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
	Zip		Zip
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	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>NO PAR</b>

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

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.

**FILED**

**MAR 14 2013**

BY 2414

*[Signature]* 3/11/13  
 Signature of Authorized Representative Date

**MARK Duxbury, President**  
 Print or Type Name of Authorized Representative