



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. 10702		2. Exact name of the Corporation IRVING SHECHTMAN & CO.			
3. Principal office address 141 Power Road		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 401-944-4600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island General Real Estate					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Manuel C. Ponte, Jr.			Vice-President Name First-Manuel C. Ponte, III		
Street Address 18 Macintosh Drive			Street Address 72 Tiffany Road		
City Cranston	State RI	Zip 02921	City Coventry	State RI	Zip 02816
Secretary Name Manuel C. Ponte, III			Treasurer Name Manuel C. Ponte, Jr.		
Street Address 72 Tiffany Road			Street Address 18 Macintosh Drive		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02921
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Manuel C. Ponte, Jr.			Director Name Dean M. Ponte		
Street Address 18 Macintosh Drive			Street Address 100 Red Hawk Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Manuel C. Ponte, III			Director Name		
Street Address 72 Tiffany Road			Street Address		
City Coventry	State RI	Zip 02816	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
			400	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.

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 22 2013

By *mme*
Ch# 16617

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

MANUEL C. PONTE, JR.

Print or Type Name of Authorized Representative

3-18-13