



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. 551182		2. Exact name of the Corporation Jefferson Gateway At The Airport Office Condominium I, Inc.			
3. Principal office address 935 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 274-3600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, invest in and manage property, as well as engage in any other legal activity					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kevin Beaulieu			Vice-President Name Michael Integlia III		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael Integlia, Jr.			Treasurer Name Michael Integlia, Jr.		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name Kevin Beaulieu			Director Name Michael Integlia, Jr.		
Street Address 220 South Main Street			Street Address 220 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Michael Integlia III			Director Name		
Street Address 220 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			50,000		0.01

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

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MAR 27 2013

By 193602

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

03/25/2013

Date

Michael Integlia III
Print or Type Name of Authorized Representative