



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. 789723 | | 2. Exact name of the Corporation MetroEast Office Condominiums II, Inc. | | | |
| 3. Principal office address 125 Metro Center 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) <input type="checkbox"/> | | | | | |
| President Name Michael Integlia III | | | Vice-President 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 |
| Secretary Name Michael Integlia III | | | 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) <input type="checkbox"/> | | | | | |
| Director Name Michael Integlia III | | | 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 | | | 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 |
| | | | 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

FILED
 032
 MAR 27 2013
 By 193680

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.

03/25/2013
 Signature of Authorized Representative _____ Date
Michael Integlia III
 Print or Type Name of Authorized Representative