



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.

2013 JUN 21 AM 11:20
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. 89343		2. Exact name of the Corporation Applegate Realty Co.		
3. Principal office address 1481 Atwood Avenue		City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 861-7788		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Buying, selling, leasing, holding and otherwise generally dealing in real property.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Christopher D. Colardo		Vice-President Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	Zip 02919
Secretary Name Christopher D. Colardo		Treasurer Name Richard J. Colardo, Jr. and Christopher D. Colardo		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Richard J. Colardo, Jr.		Director Name Christopher D. Colardo		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	Zip 02919
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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
		1200	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.

File Date _____

Check No _____

By: _____

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 **6/19/13**

Christopher D. Colardo, President
 Print or Type Name of Authorized Representative _____

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