



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 2014

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. 137124		2. Exact name of the Corporation FRY BROOK, LTD.			
3. Principal office address 2224 Pawtucket Ave.		City East Prov.		State RI	Zip 02914
4. Business Phone No. 401-751-7654		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Thomas Primeau			Vice-President Name Peter Rotelli		
Street Address 2224 Pawt. Ave			Street Address 2224 Pawt. Ave		
City EP	State RI	Zip 02914	City EP	State RI	Zip 02914
Secretary Name Peter Rotelli			Treasurer Name Thomas Primeau		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Peter Rotelli			Director Name Thomas Primeau		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100	common	\$1.00

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

JAN 02 2014

On 213990

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

01/02/2014

Date

Peter J. Rotelli VP

Print or Type Name of Authorized Representative