



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. 0036751		2. Exact name of the Corporation Robbins Properties, Inc.			
3. Principal office address 10 Orms Street, Suite 330			City Providence	State RI	Zip 02904
4. Business Phone No. 401-272-8765		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Development and Management					
President Name Arthur S. Robbins			Vice-President Name		
Street Address 10 Orms Street, Suite 330			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Arthur S. Robbins			Treasurer Name Arthur S. Robbins		
Street Address 10 Orms Street, Suite 330			Street Address 10 Orms Street, Suite 330		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Arthur S. Robbins			Director Name		
Street Address 10 Orms Street, Suite 330			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.

FILED

JAN 10 2014
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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.

Arthur S. Robbins
Signature of Authorized Representative

Date

Arthur S. Robbins

Print or Type Name of Authorized Representative