RI SOS Filing Number: 201432863430 Date: 01/13/2014 4:00 PM

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.	2. Exact name of the Corporation
40925	CARMELOT REALT, INC.

3. Principal office address	City	State	Zip
643 Saint Paul St.	North Smithfield	R.I.	02896

4. Business Phone No.	5. State of Incorporation
401-766-5991	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Realestate rental

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Carmella M. Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

Vice-President Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

Secretary Name	Street Address	City	State	Zip
Carmella M.m Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

Treasurer Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Carmella M. Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

Director Name	Street Address	City	State	Zip
Robert R. Gallant	664 Black Plain Rd.	North Smithfield	R.I.	02896-9514

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200		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.

FILED
JAN 13 2014
BY 1838

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Robert R. Gallant — **01/09/2014**
Signature of Authorized Representative — Date

Robert R. Gallant
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

101485-38-928983