



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

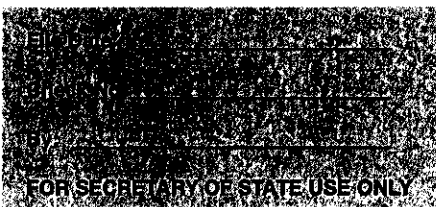
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 38562		2. Exact name of the Corporation Francis X. Sullivan Real Estate Corporation			
3. Principal office address 179 Kay Street			City Newport	State RI	Zip 02840
4. Business Phone No. 401-846-4358			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own, lease, and manage real estate					
President Name Margaret Sullivan			Vice-President Name Peter X. Sullivan		
Street Address 7 Marion Street			Street Address 179 Kay Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Peter X. Sullivan			Treasurer Name Margaret Sullivan		
Street Address 179 Kay Street			Street Address 7 Marion Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
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 <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
			500	common	none

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.



Form No. 630
Revised: 01/2012

FILED
JAN 28 2014
 BY 9743

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.

Margaret Sullivan 01/27/14
 Signature of Authorized Representative Date

Margaret Sullivan
 Print or Type Name of Authorized Representative