



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

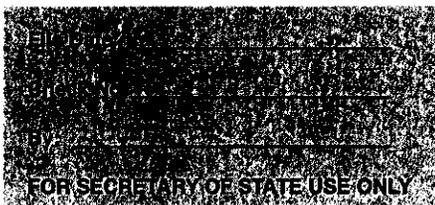
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. <b>38562</b>		2. Exact name of the Corporation <b>Francis X. Sullivan Real Estate Corporation</b>			
3. Principal office address <b>179 Kay Street</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>401-846-4358</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To own, lease, and manage real estate</b>					
President Name <b>Margaret Sullivan</b>			Vice-President Name <b>Peter X. Sullivan</b>		
Street Address <b>7 Marion Street</b>			Street Address <b>179 Kay Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Peter X. Sullivan</b>			Treasurer Name <b>Margaret Sullivan</b>		
Street Address <b>179 Kay Street</b>			Street Address <b>7 Marion Street</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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