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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 2012

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
132239	**Menotomy Properties, Inc**

3. Principal office address	City	State	Zip
190 Knight Street, Apt 3	**Providence**	**RI**	**02909**

4. Business Phone No.	5. State of Incorporation
	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Real Estate ownership and management

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CORPORATIONS DIV

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

President Name	Street Address	City	State	Zip
Robert E Palmer, Jr	**126 Fieldstone Estates Rd**	**York**	**ME**	**03909**

Vice-President Name	Street Address	City	State	Zip
C Theodore Steckel	**34 Salisbury Street**	**Winchester**	**MA**	**01890**

Secretary Name	Street Address	City	State	Zip
Robert E Palmer, Jr	**126 Fieldstone Estates Rd**	**York**	**ME**	**03909**

Treasurer Name	Street Address	City	State	Zip
C Theodore Steckel	**34 Salisbury Street**	**Winchester**	**MA**	**01890**

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

Director Name	Street Address	City	State	Zip
Robert E Palmer, Jr	**126 Fieldstone Estates Rd**	**York**	**ME**	**03909**

Director Name	Street Address	City	State	Zip
C Theodore Steckel	**34 Salisbury Street**	**Winchester**	**MA**	**01890**

Director Name	Street Address	City	State	Zip
Holly T Sargent	**126 Fieldstone Estates Rd**	**York**	**ME**	**03909**

Director Name	Street Address	City	State	Zip
Maureen K Steckel	**34 Salisbury Street**	**Winchester**	**MA**	**01890**

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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
5000	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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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JAN 30 2014
By 49-2161771
A.A. 11:48AM

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 E Palmer JR 1-13-14
Signature of Authorized Representative Date

ROBERT E PALMER JR
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102244-4-926676