



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. 110074		2. Exact name of the Corporation RIG PROPERTIES INC.			
3. Principal office address 31 GLEN DRIVE			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401-331-3415			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO HOLD REAL ESTATE, CONDOMINIUMS AND APARTMENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GARY GREENBERG			Vice-President Name RICHARD GREENBERG		
Street Address 31 GLEN DRIVE			Street Address 2051 SE 3RD STREET #503		
City PROVIDENCE	State RI	Zip 02906	City DEERFIELD BEACH	State FL	Zip 33441
Secretary Name IRWIN GREENBERG			Treasurer Name GARY GREENBERG		
Street Address 7052 MONTRICO DRIVE			Street Address 31 GLEN DRIVE		
City BOCA RATON	State FL	Zip 33433	City PROVIDENCE	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name IRWIN GREENBERG			Director Name RICHARD GREENBERG		
Street Address 7052 MONTRICO DRIVE			Street Address 2051 SE 3RD STREET #503		
City BOCA RATON	State FL	Zip 33433	City DEERFIELD BEACH	State FL	Zip 33441
Director Name GARY GREENBERG			Director Name		
Street Address 31 GLEN DRIVE			Street Address		
City PROVIDENCE	State RI	Zip 02906	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
			300	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 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.

[Signature]
 Signature of Authorized Representative

Date

RICHARD GREENBERG

Print or Type Name of Authorized Representative