

## 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 FII	LE THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.		
1. Entity ID No. <b>67354</b>		ne of the Corporation treet Realty, Inc.					
3. Principal office addres thurston & newell		4, -10, -10, -10, -10, -10, -10, -10, -10	City Pawtucket	State RI	Zip 02860		
4. Business Phone No. 401-724-3200				5. State of Incorporation  Rhode Island			
· · · · · · · · · · · · · · · · · · ·		conducted in Rhode Island and developing real of					
re listeau e obeigers	(NAMES AND AODR	ESSES) ("X" BOX FOR A	TACHMENT)	are or an ara-live in the trial			
President Name David M. Gold			Vice-President Name Steven B. Perlow				
Street Address Thurston & Newel	Il Streets		Street Address Thurston & Nev	well Streets			
City Pawtukcet	State RI	Zip <b>02860</b>	City Pawtucket	State RI	Zip <b>02860</b>		
Secretary Name Steven B. Perlow	1		Treasurer Name David M. Gold				
Street Address <b>Thurston &amp; Newe</b>	II Streets		Street Address Thurston & Nev	well Streets			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City Pawtucket	State <b>RI</b>	Zip <b>02860</b>		
8. LIST <u>ALL</u> DIRECTOR Director Name <b>None</b>	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT) Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name	I	I		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
. SHARES AUTHORIZE			10. SHARES ISSUEL	) ("X" BOX FOR ATTAC			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. see Section 9 of instruction sheet.		500	Common	No Par Value			
This report must be exec		corporation by an authorize st be executed on behalf of	•	eceiver or trustee.	s of a receiver or trustee,		

File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule	es and statements,
Check No FE	B 0 4 2014	and that all statements contained herein are true:	and correct.  / 1// <del>/</del>
By:	3371	Signature of Authorized Representative	bate
FOR SECRETARY OF STATE USE ONLY		David M. Gold	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative