



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. 18719		2. Exact name of the Corporation PIETTE REALTY, INC.			
3. Principal office address Walnut Hill Plaza Diamond Hill Rd.		City Woonsocket	State R.I.	Zip 02895	
4. Business Phone No. 401-762-0030		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Roland L. Piette Jr.			Vice-President Name Ross L. Piette		
Street Address 95 Jenks St.			Street Address 5 Silver Lake Road		
City Wrentham	State MA	Zip 02093	City Bellingham	State MA	Zip 02019
Secretary Name Rita L. Piette			Treasurer Name Roland L. Piette Jr.		
Street Address 95 Jenks St.			Street Address 95 Jenks St.		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Roland L. Piette Jr.			Director Name Rita L. Piette		
Street Address 95 Jenks St.			Street Address 95 Jenks St.		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
Director Name Ross L. Piette			Director Name		
Street Address 5 Silver Lake Road			Street Address		
City Bellingham	State MA	Zip 02019	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
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.					

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

Form No. 630
Revised: 01/2012

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 of Authorized Representative Date **2/6/14**

Roland L. Piette Jr.
Print or Type Name of Authorized Representative

FILED

FEB 10 2014

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