



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. r 47916-		2. Exact name of the Corporation Duva and Cunniff Realty Co.			
3. Principal office address 165 Carpenter Rd		City Scituate	State RI	Zip 02825	
4. Business Phone No. 401-647-5983		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Rental Units					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara M. Cunniff		Vice-President Name C. Louis Duva			
Street Address 165 Carpenter Rd		Street Address 560 Shore Acres Ave			
City Scituate	State RI	Zip 02825	City North Kingstown	State RI	Zip 02852
Secretary Name Barbara M. Cunniff		Treasurer Name C. Louis Duva			
Street Address 165 Carpenter Rd		Street Address 560 Shore Acres Ave			
City Scituate	State RI	Zip 02825	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none		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
			100	Common	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.

FILED

File Date FEB 18 2014

Check No

By:

BY 1745 Barbara M. Cunniff 2/14/14

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

Barbara M. Cunniff President

Print or Type Name of Authorized Representative