



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. <u>69253</u>		2. Exact name of the Corporation <u>T+L REALTY INC</u>			
3. Principal office address <u>11 COMSTOCK PKWY.</u>					City <u>CRANSTON</u>
4. Business Phone No. <u>944-9230</u>			State <u>RI</u>	Zip <u>02921</u>	
6. Brief description of the character of business conducted in Rhode Island <u>BUY + SELL REAL ESTATE, TO RENT + LEASE, INCLUDE ALL PHASES OF DEVELOPMENT</u>					5. State of Incorporation <u>RHODE ISLAND</u>
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>THOMAS A. BELLEGRIANO</u>			Vice-President Name <u>SAME</u>		
Street Address <u>47 HOMELAND ST.</u>			Street Address		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>SAME AS ABOVE</u>			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 <u>1000 NO PAR VALUE</u>			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 <u>1000</u>		CLASS/SERIES <u>NO PAR</u>		PAR VALUE <u>NO PAR</u>	

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: _____

FILED

FFR 1 8 2014

BY 217547

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.

Thomas A. Bellegriano 2/13/14
 Signature of Authorized Representative Date

THOMAS A. BELLEGRIANO
 Print or Type Name of Authorized Representative