



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. 101060 | | 2. Exact name of the Corporation YW Realty Inc. | | | |
| 3. Principal office address 1309 Warwick Avenue | | City Warwick | State RI | Zip 02888 | |
| 4. Business Phone No. 401-463-9133 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island operate, buy, sell, build, mortgage and lease real estate and to construct, renovate, repair and operate buildings, dwellings | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Kevin J. Fox | | | Vice-President Name Michael P. Fox | | |
| Street Address 8 Macera Circle | | | Street Address 158 Albert Avenue | | |
| City Warwick | State RI | Zip 02886 | City Cranston | State RI | Zip 02905 |
| Secretary Name Michael P. Fox | | | Treasurer Name Kevin J. Fox | | |
| Street Address 158 Albert Avenue | | | Street Address 8 Macera Circle | | |
| City Cranston | State RI | Zip 02905 | City Warwick | State RI | Zip 02886 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Kevin J. Fox | | | Director Name Michael P. Fox | | |
| Street Address As above | | | Street Address As above | | |
| 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 |
| | | | 500 | 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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

By **13129**

kmc

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

Kevin J. Fox

Print or Type Name of Authorized Representative

Date