



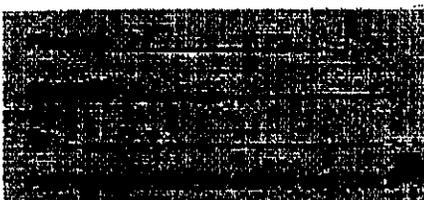
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 922		2. Exact name of the Corporation AMERICAN PRODUCTS REALTY, INC.			
3. Principal office address 250 Front Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 723-7630			5. State of incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island buying, selling, developing and managing all kinds of real estate					
President Name AIMEE SWINDALL			Vice-President Name PETER LIETAR		
Street Address 250 Front Street			Street Address 250 Front Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name CHRISTOPHER J. BIAFORE			Treasurer Name AIMEE SWINDALL		
Street Address 123 Dyer Street, Suite 3B			Street Address 250 Front Street		
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02860
Director Name			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
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
 FEB 28 2014
 1001

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.

A Swindall 2-22-14
 Signature of Authorized Representative Date
AIMEE SWINDALL, President
 Print or Type Name of Authorized Representative