



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>33557</u>		2. Exact name of the Corporation <u>C L F REALTY, INC</u>			
3. Principal office address <u>17 ROCKYCREST RD.</u>		City <u>CUMBERLAND</u>		State <u>R.I.</u>	Zip <u>02864</u>
4. Business Phone No. <u>(401)-333-9233</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>BUYING, MAINTAINING + SELLING OF REAL ESTATE</u>					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>LORRAINE T. DYKAS</u>			Vice-President Name		
Street Address <u>17 ROCKYCREST RD.</u>			Street Address		
City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>COLEEN D. O'BRIEN</u>			Treasurer Name <u>COLEEN D. O'BRIEN</u>		
Street Address <u>11 OXFORD COURT</u>			Street Address <u>11 OXFORD COURT</u>		
City <u>BELLINGHAM</u>	State <u>MA</u>	Zip <u>02019</u>	City <u>BELLINGHAM</u>	State <u>MA</u>	Zip <u>02019</u>
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>LORRAINE T. DYKAS</u>			Director Name <u>COLEEN D. O'BRIEN</u>		
Street Address <u>17 ROCKYCREST ROAD</u>			Street Address <u>11 OXFORD CT</u>		
City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	City <u>BELLINGHAM</u>	State <u>MA</u>	Zip <u>02019</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>2000 Common, NO PAR</u>			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>400</u>	<u>COMMON</u>	<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 _____ **FILED**

Check No _____

By: _____ MAR 10 2014

FOR SECRETARY OF STATE USE ONLY 1182

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.

Lorraine T. Dykas 2/27/14
Signature of Authorized Representative Date

LORRAINE T. DYKAS, PRES.
Print or Type Name of Authorized Representative