



**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>110103</u>		2. Exact name of the Corporation <u>SWEET AVE. REALTY, INC.</u>		
3. Principal office address <u>17 ROCKYCREST RD.</u>		City <u>CHAMBERLAND</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 ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>LORRAINE T. DYKAS</u>		Vice-President Name		
Street Address <u>17 ROCKYCREST RD.</u>		Street Address		
City <u>CHAMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	City	State <u>R.I.</u>
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>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>LORRAINE T. DYKAS</u>		Director Name <u>COLEEN D. O'BRIEN</u>		
Street Address <u>17 ROCKYCREST RD.</u>		Street Address <u>11 OXFORD CT.</u>		
City <u>CHAMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	City <u>BELLINGHAM</u>	State <u>MA.</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <u>2,000 Common, NO PAR</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	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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

FILED

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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