



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. 11012		2. Exact name of the Corporation Mill Realty Corporation			
3. Principal office address 4R Ann & Hope way		City Cumberland	State R.I.	Zip 02864	
4. Business Phone No. (401)723-8200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Land and Buildings					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kenneth M Gagnon Sr.			Vice-President Name Kenneth M Gagnon Jr.		
Street Address p.o. box 98			Street Address 4 Longmeadow road		
City Cumberland	State R.I.	Zip 02864	City Lincoln	State R.I.	Zip 02865
Secretary Name Kenneth M Gagnon Sr.			Treasurer Name Kenneth M Gagnon Sr.		
Street Address same			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kenneth M Gagnon Sr.			Director Name Kenneth M Gagnon Jr.		
Street Address P.O. box 98			Street Address 4 Longmeadow Road		
City Cumberland	State R.I.	Zip 02864	City Lincoln	State R.I.	Zip 02865
Director Name Heidi E Gagnon			Director Name Heidi E Gagnon		
Street Address 3 Heidi Road			Street Address 3 Heidi Road		
City	State	Zip	City Lincoln	State R.I.	Zip 02865
9. SHARES AUTHORIZED			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
			500	Com.	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

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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.

Kenneth M Gagnon Sr. 3-10-14
Signature of Authorized Representative Date

KENNETH M. GAGNON SR. PRES/CEO
Print or Type Name of Authorized Representative