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.	2. Exact name of the Corporation
11012	Mill Realty Corporation

3. Principal office address	City	State	Zip
4R Ann & Hope way	Cumberland	R.I.	02864

4. Business Phone No.	5. State of Incorporation
(401)723-8200	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	Vice-President Name
Kenneth M Gagnon Sr.	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	Director Name
Kenneth M Gagnon Sr.	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	Director Name: Heidi E Gagnon
Street Address	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

FILED
MAR 11 2014
BY 20357

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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

Form No. 630
Revised: 01/2012