## 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 ANNUA	AL REPORT FOR THE YEAR	2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE			L RESULT IN A \$25.0	0 PENALTY	FEE.			
1. Entity ID No.	2. Exact name of	of the Corporation						
000012200	EGBERT R	EALTY CO., INC			<del></del>			
3. Principal office address		City		State RI	- r			
17 BARTON AVENUE					02806			
4. Business Phone No.			5. State of Incorporation					
401-245-5090		RI						
6. Brief description of the cha	racter of busines	s conducted in Rhode Island						
RENTAL - MARINA								
7. LIST ALL OFFICERS (NAT	MES AND ADDR	ESSES) ("X" BOX FOR AT						
President Name			Vice-President Nar					
Kevin S Terhune	3		Bernadett	e T El:	son			
Street Address		Street Address						
35 Meadowbrook			9 Barton	Ave				
City	State	Zip	City		State	Zip		
Barrington	RI	02806			RI	02806		
_	Secretary Name		Treasurer Name					
Bernadette T E	lson		Stephen J Terhune					
Street Address		Street Address						
9 Barton Avenue	<b></b>		41 Houghton Street					
City	State	Zip	City		State	Zip		
Barrington	RI	02806	Barrington		RI	02806		
8. LIST ALL DIRECTORS (N.	AMES AND ADD	RESSES) ("X" BOX FOR A						
Director Name				Director Name				
Kevin S Terhune		Stephen J Terhune						
Street Address			Street Address					
35 Meadowbrook Drive		41 Houghton Street						
City	State	Zip	1		State	Zip		
Barrington	RI	02806	Barrington RI		02806			
Director Name		Director Name						
Bernadette T El	son			.,				
Street Address			Street Address					
9 Barton Ave						···		
City	State	Zip	City		State	Zip		
Barrington	RI	02806				<b>1</b>		
9. SHARES AUTHORIZED			10. SHARES ISSU	T				
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 VAL		PAR VALUE			
		450	CNP		0			
				<u></u>				
This report must be exec	uted on behalf of this report	the corporation by an author must be executed on behalf	ized representative. If of the corporation by the	tne corporation ne receiver or	on is in the hands trustee.	or a receiver or trustee,		

	HILED	Under penalty of perjury, I declare and affirm that I have examined
File Date Check No	MAR 2 5 2014	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
By: BY_	1313	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY		KEVIN TERHUNE

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative