



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.

SECRETARY OF STATE
CORPORATIONS DIV
MAR 31 PM 12:44

1. Entity ID No. 90318		2. Exact name of the Corporation Main Road Properties, Inc.							
3. Principal office address 26 Main Street P. O. Box 98				City Adamsville		State RI.	Zip 02801		
4. Business Phone No. 635 4664			5. State of Incorporation R.I.						
6. Brief description of the character of business conducted in Rhode Island Ownership and operation of real estate									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name Rosalind Weir			Vice-President Name Oliver Weir						
Street Address P. O. Box 98			Street Address 101 Grove Ave						
City Adamsville		State RI	Zip 02837		City Corte Madera	State Calif	Zip 94925		
Secretary Name Oliver Weir			Treasurer Name Chester Weir						
Street Address 101 Grove Ave			Street Address 2019 East Newton						
City Corte Madera		State Calif	Zip 94925		City Seattle	State Wash	Zip 98112		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
Director Name Rosalind Weir			Director Name Chester Weir						
Street Address P. O. Box 98			Street Address 2019 East Newton						
City Adamsville RI		State RI	Zip 02837		City Seattle	State Wash	Zip 98112		
Director Name Oliver Weir			Director Name						
Street Address 101 Grove Ave			Street Address						
City Corte Madera		State Calif.	Zip 94925		City	State	Zip		
9. SHARES AUTHORIZED			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
							200	CWP A	2.00
							1000	CWP B	1.000

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 _____

MAR 31 2014

By: _____

221338

FOR SECRETARY OF STATE USE ONLY

KM

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.

Timothy Moore
Signature of Authorized Representative

3/25/14
Date

TIMOTHY T. MOORE
Print or Type Name of Authorized Representative