



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