



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. 18184		2. Exact name of the Corporation PHILLIPS POST ROAD REALTY, INC.			
3. Principal office address 6454 Post Road			City No. Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 884-4100		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DANA S. PHILLIPS			Vice-President Name KURTIS A. PHILLIPS		
Street Address 98 SYCAMORE LANE			Street Address 635 ST. REGIS LANE		
City NO. KINGSTOWN	State RI	Zip 02874	City ALPHARETTA	State GA.	Zip 30022
Secretary Name Dana S. Phillips			Treasurer Name BEVERLY J. EVERSON		
Street Address 98 Sycamore Lane			Street Address 99 JOHN SCOTT LANE		
City North Kingstown	State R.I.	Zip 02874	City North Kingstown	State R.I.	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BEVERLY J. EVERSON			Director Name DANA S. PHILLIPS		
Street Address 99 JOHN SCOTT LANE			Street Address 98 SYCAMORE LANE		
City North Kingstown	State R.I.	Zip 02852	City NO. KINGSTOWN	State R.I.	Zip 02874
Director Name KURTIS A. PHILLIPS			Director Name		
Street Address 635 ST. REGIS LANE			Street Address		
City ALPHARETTA	State GA.	Zip 30022	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
			500	common	no par

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: _____ BY **3070**
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 30 2014

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.

Dana S. Phillips
 Signature of Authorized Representative

Date

DANA S. PHILLIPS, PRESIDENT

Print or Type Name of Authorized Representative