



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. 66231		2. Exact name of the Corporation BROMLEY REAL ESTATE CORPORATION						
3. Principal office address 111 MEDWAY STREET				City PROVIDENCE		State R.I.	Zip 02906	
4. Business Phone No. 401-751-0510			5. State of Incorporation RHODE ISLAND					
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTALS								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name NEAL BROMLEY				Vice-President Name NEAL BROMLEY				
Street Address 111 MEDWAY ST.				Street Address 111 MEDWAY ST.				
City PROVIDENCE		State RI	Zip 02906		City PROVIDENCE		State RI	Zip 02906
Secretary Name				Treasurer Name NEAL BROMLEY				
Street Address				Street Address 111 MEDWAY ST.				
City		State	Zip		City PROVIDENCE		State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name				Director Name				
Street Address				Street Address				
City		State	Zip		City		State	Zip
Director Name				Director Name				
Street Address				Street Address				
City		State	Zip		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	
				4	CL A VOTING		NO PAR VALUE	
				96	CL A NON VTNG		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.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 03 2014
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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.

Neal Bromley **05/28/2014**
 Signature of Authorized Representative Date
NEAL BROMLEY
 Print or Type Name of Authorized Representative