



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 129279		2. Exact name of the Corporation Twenty Eight Market Street, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To hold real property			
5. Principal office address 28 Market Street		City Warren	State RI	Zip 02885	
President Name Edward Shea		Vice-President Name Paula Faber			
Street Address 230 Butler Avenue		Street Address 150 Stone Ridge Drive			
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Secretary Name Lynne Collinson		Treasurer Name Edward Shea			
Street Address 15 River Street		Street Address 230 Butler Avenue			
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02906
Director Name Edward Shea		Director Name Paula Faber			
Street Address 230 Butler Avenue		Street Address 150 Stone Ridge Drive			
City Providence	State RI	Zip 02903	City East Greenwich	State RI	Zip 02818
Director Name Lynne Collinson		Director Name			
Street Address 15 River Street		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

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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.

Lynne Collinson 6/4/14

Signature of Officer or Authorized Representative

Date

Lynne Collinson, Secretary

Print or Type Name of Officer or Authorized Representative