

## 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 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

		LE THIS REPORT BY M	MARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.		
1. Entity ID No. 67354	I	me of the Corporation					
0/334	East 3	treet Realty, Inc.					
3. Principal office address Thurston & Newel			City Pawtucket				
. Business Phone No. 401-724-3200	****		5. State of Incorporation Rhode Island				
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President Name	(Overalize Salvie Salvie)	IESSES I N BUXTUR'S	Vice-President Name				
David M. Gold			Steven B. Perlo				
Street Address Thurston & Newel	l Streets		Street Address Thurston & Newell Streets				
Dity Pawtucket	State RI	Zip <b>02860</b>	City Pawtucket	State RI	Zip <b>02860</b>		
Secretary Name Steven B. Perlow			Treasurer Name  David M. Gold				
Street Address Thurston & Newel	l Streets	· ·	Street Address Thurston & Nev	well Streets	710		
Pawtucket	State RI	Zip <b>02860</b>	City Pawtucket	State <b>RI</b>	Zip 02860		
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none			Director Name				
treet Address			Street Address	****	EARLA.		
City	State	Zip	City	State	Zip		
irector Name			Director Name				
Street Address			Street Address				
ity	State	Zip	City	State	Zip		
SHARES AUTHORIZE			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)		
		···	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			500	Common	No Par Value		
This report must be execu	ited on behalf of the this report mus	corporation by an authorize	d representative. If the c	orporation is in the hands	of a receiver or trustee		

File									
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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.

Signature of Authorized Representative

Data

David M. Gold

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

BY