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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.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
872172	Greater Texas Properties, Inc.			
3. Principal office address: c/o 40 Westminster Street, Suite 1100		City: Providence	State: RI	Zip: 02903
4. Business Phone No.		5. State of Incorporation: Texas		

6. Brief description of the character of business conducted in Rhode Island
Investment in, and ownership and development of real estate, including buying, acquiring, owning, operating, selling, leasing, financing, refinancing, disposing of and otherwise dealing with real estate.

SECRETARY OF STATE CORPORATIONS DIV 2015 FEB -5 AM 9:17

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Martha W. de Bourgknecht			Vice-President Name: None		
Street Address: 246 Beacon Street			Street Address:		
City: Boston	State: MA	Zip: 02116	City:	State:	Zip:
Secretary Name: Dominique de Bourgknecht			Treasurer Name: Martha W. de Bourgknecht		
Street Address: 246 Beacon Street			Street Address: 246 Beacon Street		
City: Boston	State: MA	Zip: 02116	City: Boston	State: MA	Zip: ~~02664~~ 02116

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Martha W. de Bourgknecht			Director Name: Dominique de Bourgknecht		
Street Address: 246 Beacon Street			Street Address: 246 Beacon Street		
City: Boston	State: MA	Zip: 02116	City: Boston	State: MA	Zip: 02116
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 05 2015
BY KL 241637
9:17

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 — Date

Martha W. de Bourgknecht
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
116832-13-840833