



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 61174
2. Name of Corporation Crary Realty Associates, Inc.
3. Street Address Principal Business Office 301 Promenade Street
4. Business Phone No. 5086768247
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE AND REAL PROPERTY

City PROVIDENCE State RI Zip 02908

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Samuel Shapiro
Street Address 16 Anawan Street
City Fall River State MA Zip 02721

Vice President Name Seth Shapiro
Street Address 16 Anawan Street
City Fall River State MA Zip 02721

Secretary Name Samuel Shapiro
Street Address 16 Anawan Street
City Fall River State MA Zip 02721

Treasurer Name Samuel Shapiro
Street Address 16 Anawan Street
City Fall River State MA Zip 02721

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Samuel Shapiro
Street Address 16 Anawan Street
City Fall River State MA Zip 02721

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class Series Par Value
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class Series Par Value
1024 common \$1.00

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



FILED

FEB 25 2015

1870

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 Date
Samuel Shapiro 2/11/15

Print or Type Name Samuel Shapiro

Title President

61174 DBC 02/16/07 10:53:02 AM
File Date _____
Check No. _____
By: _____
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