



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. 14630		2. Exact name of the Corporation Stonehenge Realty, Inc.			
3. Principal office address 612 Elmgrove Avenue		City Providence	State RI	Zip 02906	
4. Business Phone No. 617-574-1159		5. State of Incorporation Rhode island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Rentals					
LIST ALL OFFICERS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT					
President Name Mark Leventhal			Vice-President Name Michael B. Shore		
Street Address 50 Federal Street, 4th Floor			Street Address 612 Elmgrove Avenue		
City Boston	State MA	Zip 02110	City Providence	State RI	Zip 02906
Secretary Name Michael B. Shore			Treasurer Name Mark S. Leventhal		
Street Address 612 Elmgrove Avenue			Street Address 50 Federal Street, 4th Floor		
City Providence	State RI	Zip 02906	City Boston	State MA	Zip 02110
LIST ALL DIRECTORS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT					
Director Name None			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					
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 (BY BOX FOR ATTACHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2	Class A	\$1.00
			98	Class B	\$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.

File Date: _____
Checked: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 02 2015

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

01/29/2015

Date

Mark Leventhal

Print or Type Name of Authorized Representative

1121