



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
 1121

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] 01/29/2015
 Signature of Authorized Representative Date
Mark Leventhal
 Print or Type Name of Authorized Representative