



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. 144047		2. Exact name of the Corporation MOUNTFAIR CORP.			
3. Principal office address 15 Scotch Pine Circle		City Wellesley		State MA	Zip 02481
4. Business Phone No. 781-237-5744		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in every aspect and phase of the real estate business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Katerina N. Contos			Vice-President Name Anastasia Contos		
Street Address 15 Scotch Pine Circle			Street Address 12 Otis Place		
City Wellesley	State MA	Zip 02481	City Boston	State MA	Zip 02108
Secretary Name Yannis Contos			Treasurer Name Anastasia Contos		
Street Address 21 Wimbledon Circle			Street Address 12 Otis Place		
City West Newton	State MA	Zip 02465	City Boston	State MA	Zip 02108
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Katerina N. Contos			Director Name Anastasia Contos		
Street Address 15 Scotch Pine Circle			Street Address 12 Otis Place		
City Wellesley	State MA	Zip 02481	City Boston	State MA	Zip 02108
Director Name Yannis Contos			Director Name		
Street Address 21 Wimbledon Circle			Street Address		
City West Newton	State MA	Zip 02465	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		No par value

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

Form No. 630
Revised: 01/2012

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

Date

Katerina N. Contos, President

Print or Type Name of Authorized Representative

ANNUAL REPORT FOR THE YEAR 2015

MOUNTFAIR CORP.
ID #144047

7. Names and Addresses of the Officers

Vice President: Yannis Contos
21 Wimbledon Circle
West Newton, MA 02465

FILED
MAR 02 2015
BY 144047