



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. 144244		2. Exact name of the Corporation CONTOS MANAGEMENT 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 Massachusetts			
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	
		300		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: _____

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BY 1259

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.

Katerina N. Contos 2-20-15
Signature of Authorized Representative Date

Katerina N. Contos, President

Print or Type Name of Authorized Representative

ANNUAL REPORT FOR THE YEAR 2015

CONTOS MANAGEMENT CORP.
ID #144244

7. Names and Addresses of the Officers

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

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