



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. 17763		2. Exact name of the Corporation WHITMARSH REALTY CORPORATION			
3. Principal office address 243 ELMWOOD AVENUE		City PROVIDENCE	State RI	Zip 02907	
4. Business Phone No. 401.467.4600		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name ALEX J. HODOSH			Vice-President Name		
Street Address 1003 FORT GETTY ROAD			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name STEVEN H. HODOSH			Treasurer Name ALEX J. HODOSH		
Street Address 23 APPIAN WAY			Street Address 1003 FORT GETTY ROAD		
City BARRINGTON	State RI	Zip 02806	City JAMESTOWN	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name STEVEN H. HODOSH			Director Name ALEX J. HODOSH		
Street Address 23 APPIAN WAY			Street Address 1003 FORT GETTY ROAD		
City BARRINGTON	State RI	Zip 02806	City JAMESTOWN	State RI	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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	COMMON	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)

FILED

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BY

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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

ALEX J. HODOSH, PRESIDENT

Print or Type Name of Authorized Representative

1/7/15
Date