



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. 66593		2. Exact name of the Corporation KELLAWAY REALTY CORP.			
3. Principal office address 24 COMMERCE ST.		City PAWTUCKET	State RI	Zip 02862	
4. Business Phone No. 401-724-6970		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASEHOLD, SELL & MANAGE REAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name KENDALL P. KELLAWAY			Vice-President Name		
Street Address 40 NORTH WASHINGTON BL.			Street Address		
City SARASOTA	State FL	Zip 34236	City	State	Zip
Secretary Name SHARON KELLAWAY			Treasurer Name KENDALL P. KELLAWAY		
Street Address 40 NORTH WASHINGTON BL.			Street Address 40 NORTH WASHINGTON BL.		
City SARASOTA	State FL	Zip 34236	City SARASOTA	State FL	Zip 34236
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name KENDALL P. KELLAWAY			Director Name SHARON KELLAWAY		
Street Address 40 NORTH WASHINGTON BL.			Street Address 40 NORTH WASHINGTON BL.		
City SARASOTA	State FL	Zip 34236	City SARASOTA	State FL	Zip 34236
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			200	COMMON	10.00

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 _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 18 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

3-16-15

Date

KENDALL P. KELLAWAY SR.

Print or Type Name of Authorized Representative