



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.

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|--|--------------------|---|--|-----------------------|-----|
| 1. Entity ID No. 47133 | | 2. Exact name of the Corporation NATIONWIDE REAL ESTATE LTD | | | |
| 3. Principal office address 179 Whiting Street | | City CRANSTON | State RI | Zip 02920 | |
| 4. Business Phone No. | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name John J. Conafrancesco | | | Vice-President Name | | |
| Street Address 179 Whiting Street | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name SAME | | | 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 | | | 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 1000 | | CLASS/SERIES | | PAR VALUE 0 | |

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 25 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.

John J. Conafrancesco **3-25-15**
 Signature of Authorized Representative Date
John J. Conafrancesco
 Print or Type Name of Authorized Representative

045508
A.A.