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.	2. Exact name of the Corporation		
16344	KOSHGARIAN REALTY, INC.		
3. Principal office address: 129 East Main Street #239	City: Westborough	State: MA	Zip: 01581
4. Business Phone No.: (508) 579-3347	5. State of Incorporation: RHODE ISLAND		
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) ☐

President Name: Stephen Koshgarian			Vice-President Name: Julie Koshgarian		
Street Address: 129 East Main Street #239			Street Address: 129 East Main Street #239		
City: Westborough	State: MA	Zip: 01581	City: Westborough	State: MA	Zip: 01581
Secretary Name: Stephen Koshgarian			Treasurer Name: Stephen Koshgarian		
Street Address: 129 East Main Street #239			Street Address: 129 East Main Street #239		
City: Westborough	State: MA	Zip: 01581	City: Westborough	State: MA	Zip: 01581

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Stephen Koshgarian			Director Name: Julie Koshgarian		
Street Address: 129 East Main Street #239			Street Address: 129 East Main Street #239		
City: Westborough	State: MA	Zip: 01581	City: Westborough	State: MA	Zip: 01581
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400 SHS.	COMMON	NO PAR

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.

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: 3/23/15

Stephen Koshgarian, President
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 26 2015
BY 1897

Form No. 630
Revised: 04/2012