

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

401.222.3040

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 72787		2. Name of Corporation Cam Realty Mgmt Co INC.			
3. Street Address Principal Business Office 27 Bethel St		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401 439-6768		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Greensater Rentals					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK Ciambone			Vice President Name		
Street Address 27 Bethel St			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. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	No Par Value		0	0	0

2015 APR -3 AM 10:51
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.

FILED

APR 20 2015

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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 **Mark Ciambone** Date **3-30-15**
Print or Type Name **MARK Ciambone**
Title **Pres.**