STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*
40200	REALTY PRO, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
180 MESHANTICUT VALLEY PARKWAY	CRANSTON	RI	02920

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
4019421872	RHODE ISLAND	5538

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
Emelia M. DeCesare	Emelia M. DeCesare
Street Address	*Street Address*
180 Meshanticut Valley Parkway	SAME
City / *State* / *Zip*: Cranston / RI / 02920	*City* / *State* / *Zip*:
Secretary Name	*Treasurer Name*
Emelia M. DeCesare	Emelia M. DeCesare
Street Address	*Street Address*
SAME	SAME
City / *State* / *Zip*:	*City* / *State* / *Zip*:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
Emelia M. DeCesare	
Street Address	*Street Address*
SAME	
City / *State* / *Zip*:	*City* / *State* / *Zip*:
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*:	*City* / *State* / *Zip*:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 COMMON NO PAR VALUE			1000	common	no par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [barcode] 4 0 2 0 0 [redacted]

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.

Emelia M. DeCesare 4/15/04
Signature of Officer *Date*

Emelia M. DeCesare
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

40200 DBC 09/02/03 04:42:04 PM
File Date 4-20-04
Check No. 3094
By: MP
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