



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *12200*	2. Name of Corporation EGBERT REALTY CO., INC.		
3. Street Address Principal Business Office 17 BARTON AVENUE	City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 4012455090	5. State of Incorporation RHODE ISLAND	6. SIC Code 5553	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE MANAGEMENT AND LEASING			

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

President Name SOPHIE DEVOY	Vice President Name BERNADETTE T. ELSON				
Street Address 17 BARTON AVENUE	Street Address 9 BARTON AVENUE				
City BARRINGTON	City BARRINGTON	State RI	State RI	Zip 02806	Zip 02806
Secretary Name BERNADETTE T. ELSON	Treasurer Name SOPHIE DEVOY				
Street Address 9 BARTON AVENUE	Street Address 17 BARTON AVENUE				
City BARRINGTON	City BARRINGTON	State RI	State RI	Zip 02806	Zip 02806

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

Director Name SOPHIE DEVOY	Director Name BERNADETTE T. ELSON				
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE				
City BARRINGTON	City BARRINGTON	State RI	State RI	Zip 02806	Zip 02806
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	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
2,000 COMM NO PAR VALUE			100	VOTING COMM	NO PAR VALUE
			500	NON VOT COMM	NO PAR VALUE

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



**12200* 1/9/03 4:19:07 PM*

File Date 3-17-03

Check No. 13987

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 3/14/2003
Signature of Officer Date
BERNADETTE T. ELSON
Print or Type Name of Officer
SECRETARY
Title of Officer