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			
7697	MARQUIS - Charrette Realty Inc			
3. Principal office address: 209 Coe Street		City: Woonsocket	State: RI	Zip: 02895
4. Business Phone No.: 401-769-7388		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) ☐

President Name: Doris M. Charrette			Vice-President Name: Monique A. Charrette		
Street Address: 209 Coe Street			Street Address: 209 Coe Street		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Secretary Name: Doris M. Charrette			Treasurer Name: Monique A. Charrette		
Street Address: 209 Coe Street			Street Address: 209 Coe Street		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

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

Director Name: Doris M. Charrette			Director Name: Monique A. Charrette		
Street Address: 209 Coe Street			Street Address: 209 Coe Street		
City: Woonsocket	State: R.I	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Director Name: Doris M. Charrette			Director Name: Monique A. Charrette		
Street Address: 209 Coe Street			Street Address: 209 Coe Street		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

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
100	Common	with out par value

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
OCT 07 2015
BY 2575

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.

Doris M. Charrette — 10/2/15
Signature of Authorized Representative — Date

Doris M. Charrette
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012