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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
137630	421 MAIN STREET CORPORATION

3. Principal office address	City	State	Zip
429 MAIN STREET	WARREN	RI	02885

4. Business Phone No.	5. State of Incorporation
401-245-8900 X13	RI

6. Brief description of the character of business conducted in Rhode Island
ALL ASPECTS OF REAL ESTATE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	State	Zip	Vice-President Name	State	Zip
HIRUM A JAMIEL II			SAME		
Street Address			Street Address		
429 MAIN STREET; PO BOX 405					
City: WARREN	RI	02885	City:		
Secretary Name			Treasurer Name		
SAME			SAME		
Street Address			Street Address		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name	State	Zip	Director Name	State	Zip
NONE					
Street Address			Street Address		
City:	State:	Zip:	City:	State:	Zip:
Director Name			Director Name		
Street Address			Street Address		
City:	State:	Zip:	City:	State:	Zip:

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

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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
4000		NONE

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.

Hiram A. Jamiel II Pres — 10-22-2015
Signature of Authorized Representative — Date

HIRUM A JAMIEL II, PRESIDENT
Print or Type Name of Authorized Representative

File Date:
Check No:
By:
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 27 2015
10763

Form No. 630
Revised: 01/2012
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