

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

8 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 2016

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. 108385		2. Exact name of the Corporation 73 CONSTITUTION STREET REALTY, INC.					
3. Principal office address 35 SUNSET VIEW DRIVE				City TIVERTON		State RI	Zip 02878
4. Business Phone No. (401) 437-1100				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING AND MANAGING							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name JEAN P. COX				Vice-President Name BRUCE H. COX			
Street Address 35 SUNSET VIEW DRIVE				Street Address 35 SUNSET VIEW DRIVE			
City TIVERTON		State RI	Zip 02878	City TIVERTON		State RI	Zip 02878
Secretary Name BRUCE H. COX				Treasurer Name JEAN P. COX			
Street Address 35 SUNSET VIEW DRIVE				Street Address 35 SUNSET VIEW DRIVE			
City TIVERTON		State RI	Zip 02878	City TIVERTON		State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name BRUCE H. COX				Director Name JEAN P. COX			
Street Address 35 SUNSET VIEW DRIVE				Street Address 35 SUNSET VIEW DRIVE			
City TIVERTON		State RI	Zip 02878	City TIVERTON		State RI	Zip 02878
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
				200	COMMON	NO 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

JAN 07 2015

BY DS 2203

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 of Authorized Representative _____

Date _____

JEAN P. COX, PRESIDENT

Print or Type Name of Authorized Representative