

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

4 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 201. (n)

Filing Period: January Filing Fee: \$50.00 • FA					ALTY FEE.		
1. Entity ID No.	2. Exact name	2. Exact name of the Corporation					
158554	Colle	91ATE	PROPERTIES	INC.			
3. Principal office address			City	State	Zip		
122 NORTH RIVER DRIVE			NARRAGANS		02882		
4. Business Phone No. 401- 783-4538			5. State of Incorporation				
6. Brief description of the chara	cter of business c	onducted in Rhode Island					
REAL ESTAT	E						
7. LIST <u>all</u> officers (nam	ES AND ADDRE	SSES) ("X" BOX FOR A	TACHMENT)				
President Name			Vice-President Name				
MARGUERITE M. SALVA TORE Street Address			ANTONIO SALVATORE JK.				
Street Address 122 NORTH RIVER DRIVE City NARRAGANSEH State RI 02882			Street Address SAME				
City	State	Zip	City	State	Zip		
NAKKAGANSEH	RI	Zip 07887					
Secretary Name			Treasurer Name		_		
			JULIAN L. SALVA TORE				
Street Address			Street Address SAME				
City	State	Zīp ·	City	State	Zip		
8. LIST ALL DIRECTORS (NA	MES AND ADDR	ESSES) ("X" BOX FOR	AJTACHMENTI				
Director Name			Director Name				
MARGUERITE N	1. SALVAT	TORE	ANTONIO	O SALVATOR	E JR.		
Street Address	11 11/11	•	Street Address	SAME	~> (∆		
<i>100 N/OIL F 1</i> 1 1 1 1 1 1 1 1	State	Zin	City	State			
JAA NONTH RIV City NANKAGANSE H	RI	02882	Jony Jones	State	RE PER		
Director Name	_		Director Name		- 1 ₹\$6		
JULIAN L. S.	ALVA TOI	26			8 <u>=</u>		
Street Address			Street Address		3 2550		
City	AME State	Zip	City	State	S S S		
ony .	Ciale	Cap	City	State	STATE BIV		
9. SHARES AUTHORIZED			10 SHARES ISSUED	("X" BOX FOR ATTACH	WENT OF THE PROPERTY OF THE PR		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
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.		500		0.01			
		300		1001			
This report must be assessed a	- b-b-W-64			<u> </u>			
This report must be executed of	ו טפרושנו סז נחפ כסו this report must b	rporation by an authorize be executed on behalf of	a representative. If the a the corporation by the re	corporation is in the hands eceiver or trustee.	of a receiver or trustee,		
			Under penalty of pe	erjury, I declare and affire	n that I have examined		
File Oate		FILED	and that all stateme	ng any accompanying sc ents contained herein are	hedules and statements,		
Check No .		IAN 08 2016	$\Delta n/I$				
THE RESIDENCE TO SERVICE SERVICES SERVI	TREET BEATING	IAN UTO ZUIU	/WWw		1- 7-16		

File Oste	FILED	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.		
Check No	JAN 08 2016	May. C	1-7-16	
By:	2/1/SQ\$	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE OF	7 (2) (A) A	- MARGUERITE M. SALVA		
Form No. 630	ニニス・ロ・クリング	Print or Type Name of Authorized Representative		
Revised: 01/2012	PILL OUR	'		