

**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 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. 9452		2. Exact name of the Corporation Front Street Realty Corp.			
3. Principal office address 46 Trappers Lane		City East Greenwich		State RI	Zip 02818
4. Business Phone No. 401-885-3620		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Realty Corp. - Real Estate Ownership and Leasing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name + Treasurer Mary Beth Dumouchel			Vice-President Name Susan Dumouchel		
Street Address 46 Trappers Lane			Street Address 47 Noyes Neck Road		
City East Greenwich	State RI	Zip 02818	City Westerly	State RI	Zip 02891
Secretary Name David Dumouchel			Treasurer Name Paul Michael Dumouchel		
Street Address 5 Carlow Crossing			Street Address 12 Rogler Farm Road		
City Mansfield	State MA	Zip 02048	City Smithfield	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mary Beth Dumouchel			Director Name Susan Dumouchel		
Street Address 46 Trappers Lane			Street Address 47 Noyes Neck Road		
City East Greenwich	State RI	Zip 02818	City Westerly	State RI	Zip 02891
Director Name David Dumouchel			Director Name Paul Michael Dumouchel		
Street Address 5 Carlow Crossing			Street Address 12 Rogler Farm Road		
City Mansfield	State MA	Zip 02048	City Smithfield	State RI	Zip 02917
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
			60,000 authorized		\$1.00
			10,591 outstanding		

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 11 2016****16004**

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.

Mary Beth Dumouchel
Signature of Authorized Representative**1/8/16**
Date**Mary Beth Dumouchel**
Print or Type Name of Authorized Representative