



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                              |                                                                     |                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------|---------------------------------------------------------------------|----------------|--------------|
| 1. Corporate ID No.<br>10339                                                                                                                               |             | 2. Name of Corporation<br>Seventy-Five Corp. |                                                                     |                |              |
| 3. Street Address Principal Business Office<br>67 Pojac Point                                                                                              |             |                                              | City<br>North Kingstown                                             | State<br>RI    | Zip<br>02852 |
| 4. Business Phone No.<br>401-884-4343                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island    |                                                                     |                |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Real Estate Management and Ownership                                        |             |                                              |                                                                     |                |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                              |                                                                     |                |              |
| President Name<br>Sylvia Long                                                                                                                              |             |                                              | Vice President Name                                                 |                |              |
| Street Address<br>67 Pojac Point                                                                                                                           |             |                                              | Street Address                                                      |                |              |
| City<br>North Kingstown                                                                                                                                    | State<br>RI | Zip<br>02852                                 | City                                                                | State          | Zip          |
| Secretary Name<br>Sylvia Long                                                                                                                              |             |                                              | Treasurer Name<br>Sylvia Long                                       |                |              |
| Street Address<br>67 Pojac Point                                                                                                                           |             |                                              | Street Address<br>67 Pojac Point                                    |                |              |
| City<br>North Kingstown                                                                                                                                    | State<br>RI | Zip<br>02852                                 | City<br>North Kingstown                                             | State<br>RI    | Zip<br>02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                              |                                                                     |                |              |
| Director Name<br>Sylvia Long                                                                                                                               |             |                                              | Director Name                                                       |                |              |
| Street Address<br>67 Pojac Point                                                                                                                           |             |                                              | Street Address                                                      |                |              |
| City<br>North Kingstown                                                                                                                                    | State<br>RI | Zip<br>02852                                 | 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) <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. |             |                                              | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |                |              |
|                                                                                                                                                            |             |                                              | Number of Shares                                                    | Class/Series   | Par Value    |
|                                                                                                                                                            |             |                                              | 10                                                                  | Class A Common | No Par       |
|                                                                                                                                                            |             |                                              | 990                                                                 | Class B Common | No Par       |

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.

**FILED**

JAN 19 2016

1039

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_ BY \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Sylvia Long

Print or Type Name

President

Title

Date

Form 630 Rev. 08/08