

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 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00	· FAILURE TO FI	LE THIS REPORT BY M	ARCH 31 WILL RES	ULT IN A \$25.00 PENA	LTY FEE.
1. Entity ID No.		me of the Corporation REAU DEVELOPM	IENT CO INC		
10027	GAUDI	KEAU DEVELOPIN	ieni co., inc.		
3. Principal office address 4 Cathedral Square, Suite 1G			City Providence	State RI	Zip 02903
4. Business Phone No. 401-453-4455			5. State of Incorporation Rhode Island		
•		s conducted in Rhode Island e, develop, package,		l real estate	
7. LIST <u>all</u> officers (NAMES AND ADDR	ESSES) ("X" BOX FOR A			
President Name Robert R. Gaudreau, Sr.			Vice-President Name John B. Bentz		
Street Address 22 Briarbrooke Lane			Street Address 1 Fair Oaks Court, South		
City Cranston	State RI	Zip 02921	City Greenville	State RI	Zip 02828
Secretary Name Gretchen E. Maurer			Treasurer Name Gretchen E. Maurer		
Street Address PO Box 5922			Street Address PO Box 5922		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Robert R. Gaudreau, Sr.			Director Name Gretchen E. Maurer		
Street Address 22 Briarbrooke Lane			Street Address PO Box 5922		
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
	al &		NUMBER OF SHARES	CLASS/SERIES	PAR VALUÉ
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			2,375	Common	1.00
This report must be execu		corporation by an authorize st be executed on behalf of			of a receiver or trustee,

File Date	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	FILED	Rhet Jan dem 1/19/16		
Ву:		Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY	JAN 20 2016	Pobert R. Govoregy Sc., President		
N = .000	_	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012 BY Dr 265651