



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 FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 44279		2. Exact name of the Corporation Boston business Corporation			
3. Principal office address 50 Graham Way		City East Greenwich		State RI	Zip 02818
4. Business Phone No. 401-886-9309		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real estate acquisition and development.					
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President Name Thomas Graul			Vice-President Name		
Street Address 50 Graham Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas Graul			Treasurer Name Thomas Graul		
Street Address 50 Graham Way			Street Address 50 Graham Way		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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Director Name Thomas Graul			Director Name		
Street Address 50 Graham Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
■					
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
			none	n/a	n/a

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.

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

Thomas Graul

Print or Type Name of Authorized Representative

FILED

JAN 25 2016

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