



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. 25091		2. Exact name of the Corporation Nelmor Realty Corporation			
3. Principal office address 1375 Warwick Avenue		City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-463-5600		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard K. Sholes		Vice-President Name David H. Sholes			
Street Address 51 Betsy Williams Drive		Street Address 11 Barbour Drive			
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02906
Secretary Name Steven T. Sholes		Treasurer Name Andrew G. Sholes			
Street Address 380 Algonquin Drive		Street Address 737 Namquid Drive			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard K. Sholes		Director Name David H. Sholes			
Street Address As above		Street Address As above			
City	State	Zip	City	State	Zip
Director Name Steven T. Sholes		Director Name Andrew G. Sholes			
Street Address As above		Street Address As above			
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			24	Common	No Par Value

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

Form No. 630
Revised: 01/2012

FILED *av*

JAN 25 2016

BY **11555**

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.

Richard K Sholes Pres 1-22-16
Signature of Authorized Representative Date

RICHARD K SHOLES PRES.
Print or Type Name of Authorized Representative