



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. 64780		2. Exact name of the Corporation 180 PINE STREET CORPORATION	
3. Principal office address 950 Smith Street		City Providence	State RI
4. Business Phone No. (401) 467-2245		Zip 02908	
5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Real Estate Management			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name RUDOLPH PROCACCIANTI		Vice-President Name RUDOLPH PROCACCIANTI	
Street Address 5390 Post Road		Street Address 5390 Post Road	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name RUDOLPH PROCACCIANTI		Treasurer Name RUDOLPH PROCACCIANTI	
Street Address 5390 Post Road		Street Address 5390 Post Road	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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
		800	COMMON
		NO PAR	

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CORPORATIONS DIV
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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: _____

FILED

FEB 01 2016

By: Ado559
A.A.

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 1-26-16

Rudolph Procaccianti
Print or Type Name of Authorized Representative

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