



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. 98417		2. Exact name of the Corporation 7 Commercial Street, Inc.			
3. Principal office address c/o 351 West Main Rd		City Middletown	State RI	Zip 02842	
4. Business Phone No. 4018477574		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island own, manage and operate real estate at 7 Commercial St, Middletown, RI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Kempenaar II			Vice-President Name		
Street Address c/o 351 West Main Rd			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Robert Kempenaar II			Treasurer Name Robert Kempenaar II		
Street Address c/o 351 West Main Rd			Street Address c/o 351 West Main Rd		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0	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

FILED

FEB 01 2016

By KL 1010

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

Robert Kempenaar II

Print or Type Name of Authorized Representative

28 JAN 2016