



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000095644

2. Name of Corporation 719 Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 60 WOODS WAY
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

REAL ESTATE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT E SWEENEY	28651 WAHOO DRIVE BONITA SPRINGS, FL 34135 USA
TREASURER	CATHERINE V SWEENEY	28651 WAHOO DRIVE BONITA SPRINGS, FL 31135 USA
SECRETARY	ROBERT E SWEENEY	28651 WAHOO DIVE BONITA SPRINGS, FL 34135 USA
VICE PRESIDENT	CATHERINE V SWEENEY	28651 BONITA SPRINGS, FL 34135 USA
DIRECTOR	ROBERT E SWEENEY	28651 WAHOO DRIVE BONITA SPRINGS, FL 34135 USA

DIRECTOR	CATHERINE V SWEENEY	28651 WAHOO DRIVE BONITA SPRINGS, FL 34135 USA
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8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	800.00	100

9. 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.

Signed this 9 Day of February, 2016 at 9:35:08 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOEL K GERSTENBLATT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

