

## 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.

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1. Entity ID No.	i	2. Exact name of the Corporation						
46336	Cosani	Cosann Realty Co.						
3. Principal office address 1880 Westminster Street 4. Business Phone No. 401-621-7654			City Providence	State RI	Zip <b>02909</b>			
			5. State of Incorporation Rhode Island					
6. Brief description of the cl Real Estate and Inv		s conducted in Rhode Island	1					
7: LIST ALL OFFICERS (N	IAMES AND ADDR	ESSES) ("X" BOX FOR A	TTACHNENT)	uman pagaras tabus	pangengi tarah 17 perangan			
President Name Constantinos Perdikakis			Vice-President Name Antonia Perdikakis					
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive					
City Cranston	State RI	Zip <b>02921</b>	City Cranston	State RI	Zip <b>02921</b>			
Secretary Name Constantinos Perdikakis			Treasurer Name Antonia Perdikakis					
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive					
City Cranston	State <b>RI</b>	Zip <b>02921</b>	City Cranston	State <b>RI</b>	Zip <b>02921</b>			
8. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR.	ATTACHMENT)					
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis					
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive					
City Cranston	State RI	Zip <b>02921</b>	City Cranston	State RI	Zip <b>02921</b>			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9, SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	IMENT)			
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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.		200	Common	No Par Value				
This report must be execut		corporation by an authorize st be executed on behalf of		•	s of a receiver or trustee,			

File Date	100			
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by:				
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FILED FEB 1 6 2016

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 berein are true and correct.

Signature of Ambarized Representative

Date

Constantinos Perdikakis

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

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