



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. 46336		2. Exact name of the Corporation Cosann Realty Co.				
3. Principal office address 1880 Westminster Street			City Providence	State RI	Zip 02909	
4. Business Phone No. 401-621-7654		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Real Estate and Investments						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Constantinos Perdikakis			Vice-President Name Antonia Perdikakis			
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
Secretary Name Constantinos Perdikakis			Treasurer Name Antonia Perdikakis			
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis			
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
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 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
				200	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

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

Constantinos Perdikakis

Print or Type Name of Authorized Representative

FILED

FEB 16 2016

BY 16352 DS