



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. 10227		2. Exact name of the Corporation 393 REALTY CORP			
3. Principal office address 393 Armistice Boulevard		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. (401) 725-7368		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Investments					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael F. Horan			Vice-President Name Monica Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Michael F. Horan			Treasurer Name Michael F. Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael F. Horan			Director Name Monica Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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.					

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

Form No. 630
Revised: 01/2012

FILED

FEB 16 2016

By M 267755

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.

Michael F. Horan 1/13/16
Signature of Authorized Representative Date

Michael F. Horan

Print or Type Name of Authorized Representative