



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. 98177		2. Exact name of the Corporation GOTHAM REALTY CORP			
3. Principal office address 28 Kenwood Street, Suite 2			City Cranston	State RI	Zip 02907
4. Business Phone No. 401 942 2244			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To buy, sell and rent real estate - all phases of the real estate industry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD PEZZUCO			Vice-President Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name RICHARD PEZZUCO			Treasurer Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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
			1000	COMMON	NO PAR

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

FEB 18 2016

BV 1611675

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

Ronald R. Pezzucco
Print or Type Name of Authorized Representative