



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. 00061		2. Exact name of the Corporation A.B.C. Realty Company			
3. Principal office address 36 Russell Drive			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-295-5067			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Invest in commercial real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda A. Taraborelli			Vice-President Name		
Street Address 36 Russel Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Linda A. Taraborelli			Treasurer Name Linda A. Taraborelli		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda A. Taraborelli			Director Name		
Street Address same as above			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
			600	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: _____

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.

Linda A. Taraborelli 2/16/2016
 Signature of Authorized Representative Date

FILED

FEB 19 2016

Linda A. Taraborelli
 Print or Type Name of Authorized Representative

BY 149 DS