



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

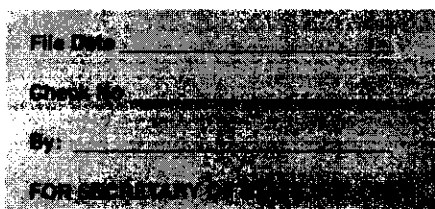
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100917		2. Exact name of the Corporation SARBEC REALTY, INC.			
3. Principal office address 916 Reservoir Avenue		City Cranston		State RI	Zip 02920
4. Business Phone No. 401-944-3110		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, sale and rental of real estate and any other lawful business.					
President Name Kathleen G. Di Muro			Vice-President Name Kathleen G. Di Muro		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Secretary Name Kathleen G. Di Muro			Treasurer Name Kathleen G. Di Muro		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME AND ADDRESS)					
Director Name Kathleen G. Di Muro			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					
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	
		100	Common	No Par Value	

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 19 PM 12:05

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.



FILED

FEB 19 2016

By 268083 KUM

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

Kathleen G. Di Muro, President

Print or Type Name of Authorized Representative