

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.	2. Exact name	of the Corporation					
7009	De Soto Realty, Inc.						
3. Principal office address 916 Reservoir Avenue 4. Business Phone No. 401-944-3110			City Cranston	State RI	Zip 02910		
			5. State of Incorporation Rhode Island				
6. Brief description of the charac To buy, sell, lease, hold							
Property of the second of the	Automotive and the			*	***		
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	Zíp		
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Director Name Kathleen G. Di Muro			Director Name	2	2 0		
Street Address same as above			Street Address CO				
City	State	Zip	City	State	Zip B OR A		
Director Name			Director Name				
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			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
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.		100	Common	No Par Value			
This report must be executed on			ed representative. If the of the corporation by the r		s of a receiver or trustee,		
	•	Concouled oil periali Ul		eceiver or inusiee. eriury I declare and affil	rm that I have evamined		

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	or, department		THE MACON	SKUR BOOKER
Form No. 6	30			

Revised: 01/2012

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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

Kathleen G. Di Muro, President

Print or Type Name of Authorized Representative