



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3494		2. Name of Corporation JAMES R CANTARA INC	
3. Street Address: Principal Business Office 89 SHARPE ST		City WEST GREENWICH	State RJ
4. Business Phone No. 772-463-2656		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island RENTAL REAL ESTATE OWNERSHIP & RENTAL			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES R CANTARA		Vice President Name NONE	
Street Address 9872 SE 125TH LANE		Street Address NONE	
City SUMMERFIELD	State FLORIDA	City SUMMERFIELD	State FLORIDA
Zip 34491		Zip 34491	
Secretary Name PAULINE CANTARA		Treasurer Name JAMES R CANTARA	
Street Address 9872 SE 125TH LANE		Street Address 9872 SE 125TH LANE	
City SUMMERFIELD	State FLORIDA	City SUMMERFIELD	State FLORIDA
Zip 34491		Zip 34491	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JAMES R CANTARA		Director Name PAULINE CANTARA	
Street Address 9872 SE 125TH LANE		Street Address 9872 SE 125TH LANE	
City SUMMERFIELD	State FLORIDA	City SUMMERFIELD	State FL
Zip 34491		Zip 34491	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City SUMMERFIELD	State FLORIDA	City SUMMERFIELD	State FL
Zip 34491		Zip 34491	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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 500	Class/Series A COM
		Par Value NONE	

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 22 2016

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

By: **KL10238**

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: **[Signature]** Date: **1-27-16**
Print or Type Name: **JAMES R CANTARA**
Title: **PRESIDENT**