

## 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.

| 1. Entity ID No.<br>102790  | 2. Exact nar | ne of the Corporation  I Corp.      |  |                          |                             |  |  |
|---|--------------|-------------------------------------|--|--------------------------|-----------------------------|--|--|
| 3. Principal office address 35 Tripoli Street   |              |                                     | City<br>Providence                       | State RI                 | Zip<br><b>02909</b>         |  |  |
| 4. Business Phone No.<br>401-639-1622   |              |                                     | 5. State of Incorporation Rhode Island   |                          |                             |  |  |
| 6. Brief description of the cha<br>Purchase, sale, leasi  |              |                                     |  | of residential and       | commercial                  |  |  |
| ZILSTAL OFFICERS (NA  | MES AND ADDE | (ESSES) ("X" BOX FOR A              | TTACHMENT)                               | erne spanningsasinges en | un generalistika prosidenta |  |  |
| 35 Tripoli Street  ity State Zip Providence RI 02909  ecretary Name Kevin J. Wilbur   |              | Vice-President Name Kevin J. Wilbur |  |                          |                             |  |  |
| Street Address 35 Tripoli Street  |              |                                     | Street Address 35 Tripoli Street         |                          |                             |  |  |
| City<br><b>Providence</b>   |              |                                     | City<br>Providence                       | State<br><b>RI</b>       | Zip<br><b>02909</b>         |  |  |
| Secretary Name<br><b>Kevin J. Wilbur</b>  | 1            |                                     | Treasurer Name<br><b>Kevin J. Wilbur</b> | •                        |                             |  |  |
| Street Address 35 Tripoli Street  |              |                                     | Street Address 35 Tripoli Stree          | t                        |                             |  |  |
| City<br>Providence  | State<br>RI  | Zip<br><b>02909</b>                 | City<br>Providence                       | State RI                 | Zip<br><b>02909</b>         |  |  |
| B.LIST(ALLIDIRECTORS (N   | AMES AND ADD | RESSES) ("X" BOX FOR                |  |                          |                             |  |  |
| Director Name   |              |                                     | Director Name                            |                          |                             |  |  |
| reet Address  |              |                                     | Street Address                           |                          |                             |  |  |
| Dity  | State        | Zip                                 | City                                     | State                    | Zip                         |  |  |
| Director Name   |              |                                     | Director Name                            |                          |                             |  |  |
| Street Address  |              |                                     | Street Address                           |                          |                             |  |  |
| Dity  | State        | Zip                                 | City                                     | State                    | Zip                         |  |  |
| ). SHARES AUTHORIZED  |              |                                     | 10. SHARES ISSUEC                        | ("X" BOX FOR ATTAC       | (MENT)                      |  |  |
|   |              |                                     | NUMBER OF SHARES CLASS/SERIES PAR VALUE  |                          |                             |  |  |
| his information is currently of record in the Office of the Secretary<br>of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |              |                                     | 1000                                     | Common                   | No Par Value                |  |  |
|   |              |                                     | ed representative. If the o              |                          |                             |  |  |

| File Date  Check No                  | FILED               | Under penalty of perjury, I declare and affirm that I have extended this report, including any accompanying schedules and statements contained herein are true and corrections. |      |
|--------------------------------------|---------------------|---|------|
| FOR SECRETARY OF STATE USE ONLY      | FEB <b>2 2</b> 2016 | Signature of Authorized Representative  Kevin J. Wilbur   | Date |
| renteral No. 630<br>Revised: 01/2012 | By KL 18696         | Prior or Type Name of Authorized Representative   |      |

Form No. 630 Revised: 01/2012