

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 BELMONT SHOPPERS PARK, INC.				
2247					
3. Principal office address 68 South Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-789-0871			5. State of Incorporation Rhode Island		
6. Brief description of the chara Real Estate Developme	ent			1014 mm	
7. LIST <u>ALL</u> OFFICERS (NAM	ES AND ADDE	RESSES) ("X" BOX FOR AT	TACHMENT) ✓		
President Name Shirley M. Siravo			Lisa Siravo Biafore		
Street Address 68 South Road			Street Address 68 South Road		
City Wakefield	State RI	^{Zip} 02879	City Wakefield	State RI	Zip 02879
Secretary Name Lisa Siravo Biafore			Treasurer Name Shirley M. Siravo		
Street Address 68 South Road			Street Address 68 South Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	^{Zip} 02879
8. LIST ALL DIRECTORS (NA	MES AND ADI	ORESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Shirley M. Siravo			Director Name		
Street Address 68 South Road			Street Address		
City Wakefield	State RI	Zip 02879	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)		
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
			400	common	no par
This report must be executed o	on behalf of the	corporation by an authorize ust be executed on behalf of	the corporation by the i	eceiver or trustee.	
File Date		FILED	this report, includi	erjury, I declare and affi ng any accompanying s ents contained herein a	rm that I have examined schedules and statements are true and correct.
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized Representative Date Lisa Stravo Biafore		
Form No. 630		7588		of Authorized Represent	ative
Revised: 01/2012	BY	1000			

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BELMONT SHOPPERS PARK, INC.

Corporate ID No. 2247

EXHIBIT A

Additional Officers.

Name:

Debra Siravo Manni

Title: Address:

Vice President

68 South Road

Wakefield, RI 02879

Name:

Vincent J. Siravo, Jr.

Title:

Vice President

Address:

68 South Road

Wakefield, RI 02879