



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. 60264		2. Exact name of the Corporation ANJOLEE, INC.			
3. Principal office address 35 CONSTITUTION STREET		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. (401) 253-6349		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN, RENT & DEVELOP REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTONETTE MORAN			Vice-President Name JO-ANN PASQUAL		
Street Address 6 WOBURN STREET			Street Address 10 LORING ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ANNALEE TAVARES			Treasurer Name JO-ANN PASQUAL		
Street Address 14 MEADOW LANE			Street Address 10 LORING ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANNALEE TAVARES			Director Name JO-ANN PASQUAL		
Street Address 14 MEADOW LANE			Street Address 10 LORING ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name ANTONETTE MORAN			Director Name		
Street Address 6 WOBURN STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			300	COMMON	NO PAR

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY _____

FILED

FEB 26 2016

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.

Antonette Moran 12-24-15
Signature of Authorized Representative Date

ANTONETTE MORAN

Print or Type Name of Authorized Representative