



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. 51049		2. Exact name of the Corporation MAIN SAIL PROPERTIES, INC.			
3. Principal office address UNIT #12, BELL TOWER PLAZA			City BRISTOL	State RI	Zip 02809
4. Business Phone No. (401) 253-2983			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, SELL, LEASE, RENT, MANAGE, AND DEVELOP REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT G. HOLLANDS			Vice-President Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02878
Secretary Name ROBERT G. HOLLANDS			Treasurer Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
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 ROBERT G. HOLLANDS			Director Name		
Street Address 3 JUNIPER COURT			Street Address		
City BRISTOL	State RI	Zip 02809	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) <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: _____

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 _____
ROBERT G. HOLLANDS
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 26 2016

BY COSSA DS