



**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. <b>2030</b>		2. Exact name of the Corporation <b>BAS Realty Corporation</b>			
3. Principal office address <b>344 George Washington Highway</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
4. Business Phone No. <b>401-231-2880</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To engage in acquiring, holding, using, managing, building, improving, leasing and mortgaging.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Arthur Mercure</b>			Vice-President Name <b>Paul Mercure</b>		
Street Address <b>37 Dickinson Avenue</b>			Street Address <b>37 Dickinson Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Deborah L. Mercure</b>			Treasurer Name <b>Arthur Mercure</b>		
Street Address <b>37 Dickinson Avenue</b>			Street Address <b>37 Dickinson Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Arthur Mercure</b>			Director Name <b>Deborah L. Mercure</b>		
Street Address <b>37 Dickinson Avenue</b>			Street Address <b>37 Dickinson Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Paul Mercure</b>			Director Name		
Street Address <b>37 Dickinson Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	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
			400 comm no par		No Par Value

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

FILED

FEB 26 2016

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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.

*Arthur Mercure*  
Signature of Authorized Representative

02/23/2016

Date

Deborah L. Mercure

Print or Type Name of Authorized Representative