



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. <u>41292</u>		2. Exact name of the Corporation <u>Seth Realty Corp</u>			
3. Principal office address <u>225 Conant St.</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>726-6966</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Investment</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Manuel F. Cabral</u>			Vice-President Name <u>Manuel F. Cabral</u>		
Street Address <u>86 Toronto Ave</u>			Street Address <u>86 Toronto Ave</u>		
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Secretary Name <u>Same as above</u>			Treasurer Name <u>Same as above</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Same as above</u>			Director Name <u>Same as above</u>		
Street Address			Street Address		
City	State	Zip	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 <u>600</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>NO</u>

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 1363

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 3-4-16

Print or Type Name of Authorized Representative
Manuel F. Cabral