



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. 68950		2. Exact name of the Corporation Fairlawn Plaza			
3. Principal office address 1 Realty Way		City East Providence	State RI	Zip 02914	
4. Business Phone No. (401) 438-1000		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To own, operate and manage commercial real estate.					
President Name John Pesce			Vice-President Name George Pesce		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name John Pesce			Treasurer Name John Pesce		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name N/A Closely held corporation			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
A. SHARES AUTHORIZED			B. SHARES ISSUED AND OUTSTANDING		
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
			200	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
BY _____

FILED
MAR 16 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.

Signature of Authorized Representative

Date

John Pesce

Print or Type Name of Authorized Representative