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.	2. Exact name of the Corporation
136443	Victor Anthony Properties, Inc

3. Principal office address	City	State	Zip
2220 Plainfield Pike	Cranston	RI	02921

4. Business Phone No.	5. State of Incorporation
(401) 942-1300	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Real Estate purchasing and development

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Nicola P. Ricci	2220 Plainfield Pike	Cranston	RI	02921

Vice-President Name	Street Address	City	State	Zip
Nicola P. Ricci	Same	Same	Same	Same

Secretary Name	Street Address	City	State	Zip
Nicola P. Ricci	Same	Same	Same	Same

Treasurer Name	Street Address	City	State	Zip
Nicola P. Ricci	Same	Same	Same	Same

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Nicola P. Ricci	Same	Same	Same	Same

Director Name	Street Address	City	State	Zip

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CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	none

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.

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.

Nicola Ricci 3/17/16
Signature of Authorized Representative — Date

Nicola P. Ricci
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

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Form No. 630
Revised: 01/2012