



Amended

**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 APR 28 AM 9:36
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number 102183		2. Exact name of the Corporation 33 1/3 LTD			
3. Principal Office Address 131 COWESETT AVE			City WEST WARWICK	State RI	Zip 02893
4. Business Phone Number 401-556-7421			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE COMPANY					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DEBRA SKURKA-MCALLISTER			Vice-President Name		
Street Address 52 TIFFANY RD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name DEBRA SKURKA-MCALLISTER			Treasurer Name DEBRA SKURKA-MCALLISTER		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3900	B / NON VOTING	NONE
			100	A/ VOTING	NONE
11. 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.					
Name of Authorized Representative DEBRA SKURKA-MCALLISTER				Date 4/26/2016	
Signature of Authorized Representative <i>Debra Skurka-McAllister</i>					

SIGN DOCUMENT HERE

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BY *[Signature]*