



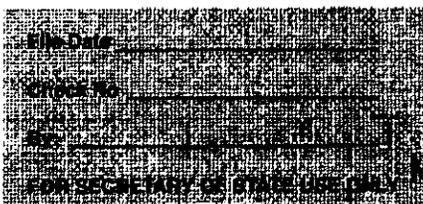
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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.<br><b>128219</b>  |                    | 2. Exact name of the Corporation<br><b>Water Island Realty, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>167 Main Street</b>  |                    |  | City<br><b>Westerly</b>                         | State<br><b>RI</b> | Zip<br><b>02891</b> |
| 4. Business Phone No.  |                    |  | 5. State of Incorporation<br><b>RI</b>          |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>The buying, selling, leasing, holding, improving, managing, developing, operating, transferring and rental of real estate of any kind and description.</b> |                    |  |   |                    |                     |
| President Name<br><b>L.B. Wilkes</b>   |                    |  | Vice-President Name<br><b>L.B. Wilkes</b>       |                    |                     |
| Street Address<br><b>14 Burkle Lake Lane</b>   |                    |  | Street Address<br><b>14 Burkle Lake Lane</b>    |                    |                     |
| City<br><b>Eldon</b>   | State<br><b>MO</b> | Zip<br><b>65926</b>  | City<br><b>Eldon</b>                            | State<br><b>MO</b> | Zip<br><b>65926</b> |
| Secretary Name<br><b>Mildred Wilkes</b>  |                    |  | Treasurer Name<br><b>Olga Gassett</b>           |                    |                     |
| Street Address<br><b>14 Burkle Lake Lane</b>   |                    |  | Street Address<br><b>11628 SW Courtly Manor</b> |                    |                     |
| City<br><b>Eldon</b>   | State<br><b>MO</b> | Zip<br><b>65926</b>  | City<br><b>Lake Suzy</b>                        | State<br><b>FL</b> | Zip<br><b>34269</b> |
| Director Name<br><b>n/a</b>  |                    |  | Director Name<br><b>n/a</b>                     |                    |                     |
| Street Address   |                    |  | Street Address                                  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| Director Name  |                    |  | Director Name                                   |                    |                     |
| Street Address   |                    |  | Street Address                                  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| 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           |
|  |                    |  | 100   | Common             | 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.



**FILED**  
**MAY 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]* 5/16/16  
 Signature of Authorized Representative Date

**L.B. Wilkes, President**

Print or Type Name of Authorized Representative