



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

Amended

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 MAY 17 AM 9:18

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		2. Exact name of the Corporation		
132024		Ed+Matt Realty INC		
3. Principal Office Address		City	State	Zip
27 Commerce ST		Greenville	RI	02828
4. Business Phone Number		5. State of Incorporation		
401-949-6850		Rhode Island		
6. Brief description of the character of business conducted in Rhode Island				
Real Estate Investment				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name		
Matthew Borden		Christopher Borden		
Street Address		Street Address		
361 Seaview Ave		33 Kennedy Rd		
City	State	Zip	City	State
SWANSEA	MA	02777	FOSTER	RI
Secretary Name		Treasurer Name		
Alexander Borden		Alexander Borden		
Street Address		Street Address		
155 Foster Center Rd		155 Foster Center Rd		
City	State	Zip	City	State
FOSTER	RI	02825	FOSTER	RI
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
9. Shares Authorized		10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		4000		
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			Date	
Matthew Borden			5/17/16	
Signature of Authorized Representative			SIGN DOCUMENT HERE	
<i>Matthew Borden</i>				

FILED

MAY 17 2016

BY *CM* 9:18