



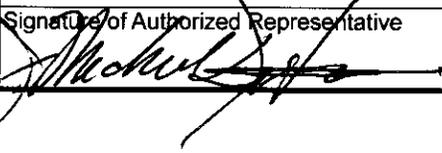
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016 AMMENDED
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUL 19 AM 10:38

1. Entity ID Number 47810		2. Exact name of the Corporation Droitcour Properties, Inc.			
3. Principal Office Address 28 Graystone Street			City Warwick	State RI	Zip 02886
4. Business Phone Number 401-737-4646			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Buy, sell, maintain, repair, lease and rent real and personal property and relative activities <input checked="" type="checkbox"/>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. Michael Droitcour			Vice-President Name Andrew Droitcour		
Street Address 28 Graystone Street			Street Address 300 Broadview Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02829
Secretary Name J. Michael Droitcour			Treasurer Name Andrew Droitcour		
Street Address 28 Graystone Street			Street Address 300 Broadview Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02829
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 Check the box to indicate an attachment <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
			100	common	no par value
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. <i>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.</i>					
Name of Authorized Representative J. Michael Droitcour				Date 7/14/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

