



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

Annual Report for the year: 2016
Corporation

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

1. Entity ID Number 80517		2. Exact name of the Corporation Charles Street Realty, Inc			
3. Principal Office Address 200 Charles Street			City Providence	State RI	Zip 02904
4. Business Phone Number 401-831-9199			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To take, lease, purchase or otherwise acquire and to work etc in real estate property.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael E. Kelly			Vice-President Name Kathleen B. Kelly		
Street Address 200 Charles Street			Street Address 200 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name			Treasurer Name		
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 Michael E. Kelly			Director Name Kathleen B. Kelly		
Street Address 200 Charles Street			Street Address 200 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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		
			500	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. 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
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

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

FILED

JUL 21 2016
 BY KL 1060