



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

Annual Report for the year: ~~2015~~ 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 <b>1657871</b>		2. Exact name of the Corporation <b>WATERSIDE 303 CORP.</b>			
3. Principal Office Address <b>303 CONGRESS STREET</b>		City <b>BOSTON</b>		State <b>MA</b>	Zip <b>02210</b>
4. Business Phone Number <b>617-457-3400</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			
6. Brief description of the character of business conducted in Rhode Island <b>ALL THINGS RELATED TO COMMERCIAL REAL ESTATE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DAVID M. SLYE</b>			Vice-President Name <b>NONE</b>		
Street Address <b>797 HIGHLAND AVE., #1</b>			Street Address		
City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02495</b>	City	State	Zip
Secretary Name <b>LYDIA G. CHESNICK</b>			Treasurer Name <b>F. MICHAEL DIGIANO</b>		
Street Address <b>854 NEWTON ST.</b>			Street Address <b>5 SHAPQUIT BARS CIRCLE</b>		
City <b>CHESTNUT HILL</b>	State <b>MA</b>	Zip <b>02467</b>	City <b>WEST FALMOUTH</b>	State <b>MA</b>	Zip <b>02574</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STUART W. PRATT</b>			Director Name <b>DAVID M. SLYE</b>		
Street Address <b>15 TREE HILL</b>			Street Address <b>797 HIGHLAND AVE., #1</b>		
City <b>ESSEX</b>	State <b>MA</b>	Zip <b>01929</b>	City <b>NEEDHAM</b>	State <b>MA</b>	Zip <b>02495</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>125,000</b>	<b>CNP</b>	<b>NONE</b>	
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 <b>SHARON L. GAZLEY</b>				Date <b>8/2/2016</b>	
Signature of Authorized Representative					

**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** *02*  
**AUG 15 2016**

BY 12254