RI SOS Filing Number: 201605589460 Date: 08/31/2016 10:57 AM

* AMENDED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 31 AM 10:57

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	2. Exact name of the Corporation		
51101	**Concord Corp**		
3. Principal Office Address	City	State	Zip
1865 Post Road - Suite 206	**Warwick**	**RI**	**02886**
4. Business Phone Number	5. State of Incorporation		
401 739 - 5251	**Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island			
Real Estate			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Dr. Brad Turchetta**			Vice-President Name **Dr. Brad Turchetta**		
Street Address **1865 Post Road - Suite 206**			Street Address **1865 Post Road - Suite 206**		
City **Warwick**	State **RI**	Zip **02866**	City **Warwick**	State **RI**	Zip **02886**
Secretary Name **Dr. Brad Turchetta**			Treasurer Name **Dr. Brad Turchetta**		
Street Address **1865 Post Road - Suite 206**			Street Address **1865 Post Road - Suite 206**		
City **Warwick**	State **RI**	Zip **02886**	City **Warwick**	State **RI**	Zip **02886**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**200**	**Common**	**No Par**
Changes require an additional filing.			

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
Dr. Brad Turchetta	

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

AUG 31 2016

BY u 10:57

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

FORM 630 - Revised: 05/2016

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:

August 31, 2016 10:57 AM

Nellie M. Gorbea
Secretary of State

141379-4-1129976