



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.

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BUS SVCS DIV

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1. Entity ID Number <b>315936</b>		2. Exact name of the Corporation <b>BREEZY, INC.</b>			
3. Principal Office Address <b>24 BERM DRIVE</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
4. Business Phone Number: <b>401-578-8071</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALE OF REAL ESTATE AND ANY OTHER LAWFUL BUSINESS ACTIVITY</b>			
5. State of Incorporation <b>RHODE ISLAND</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>THOMAS J. PIANTADOSI</b>		Vice-President Name <b>THOMAS J. PIANTADOSI</b>			
Street Address <b>24 BERM DRIVE</b>		Street Address <b>24 BERM DRIVE</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>THOMAS J. PIANTADOSI</b>		Treasurer Name <b>THOMAS J. PIANTADOSI</b>			
Street Address <b>24 BERM DRIVE</b>		Street Address <b>24 BERM DRIVE</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</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		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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>100</b>			<b>0</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. <b>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.</b>					
Name of Authorized Representative <b>THOMAS J. PIANTADOSI</b>				Date <b>11/28/16</b>	
Signature of Authorized Representative 				<b>FILED</b>	

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

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By 6291134 FORM 630 - Revised: 08/2016