RI SOS Filing Number: 201730039410 Date: 01/12/2017 4:00 PM

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

Annual Report for the year: 2017
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			
15903	**Pawtuxet Realty, Inc.**			
3. Principal Office Address		City	State	Zip
1375 Warwick Avenue		**Warwick**	**RI**	**02888**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
53 - Real Estate and Rental a	**Real Estate**			
5. State of Incorporation				
Rhode Island				

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

President Name **Richard K. Sholes**			Vice-President Name **David H. Sholes**		
Street Address **51 Betsy Williams Drive**			Street Address **11 Barbour Drive**		
City **Cranston**	State **RI**	Zip **02905**	City **East Providence**	State **RI**	Zip **02906**
Secretary Name **Steven T. Sholes**			Treasurer Name **Andrew G. Sholes**		
Street Address **380 Algonquin Drive**			Street Address **737 Namquid Drive**		
City **Warwick**	State **RI**	Zip **02888**	City **Warwick**	State **RI**	Zip **02888**

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

Director Name **Richard K. Sholes**			Director Name **David H. Sholes**		
Street Address **As above**			Street Address **As above**		
City	State	Zip	City	State	Zip
Director Name **Steven T. Sholes**			Director Name **Andrew G. Sholes**		
Street Address **As above**			Street Address **As above**		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**24**	**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
RICHARD K SHOLES	1-9-17

Signature of Authorized Representative
Richard K Sholes

FILED
JAN 12 2017
BY 626105

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
147651-3-1154926

FORM 630 - Revised: 10/2016