

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2017 Gledwar God

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 - This report must be

Filing Fee: \$50.00	· FAILURE TO F	ILE THIS REPORT BY	MARCH 31 WILL R	ESULT IN A \$25.00	PENALTY FEE.	
. Entity ID No.	2. Exact na	ame of the Corporation				
3317	CAR	REALTY	G INC			
Principal office address			City	State		
NONE			1	State	Zip	
Business Phone No.			5. State of Incorpo	ration		
NONE			01/00		• • • • • • • •	
Brief description of the c	haracter of busines	s conducted in Rhode Isla	and	SLAND	SIG ODE 858	
USTALL OFFICERS	MAMES AND ADDS	RESSES) ("X" BOX FOR				
esident Name					Water Edward (1994)	
ROSE E CAMPISANI Treet Address S COUNTRY LANE Ty State Zip RANSTON RE 01921			Vice-President Name THOMAS RICCI			
reet Address			Street Address	17,201		
5 COUNTO	1.40.16	<u>.</u>	Street Address		^	
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THOMAS	Ricai		Treasurer Name			
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1825 MIDD	LE NOT		25 COUN	TRY LAN	E	
		1	City	State	Zip	
GREEN WILL	T RI	02818	- CRANSTON	RI	02921	
IST ALL DIRECTORS (NAMES AND ADD	RESSES) ("X" BOX FOR	CRANS 70 A			
ector Name			Director Name			
			Street Address 25 COUNTRY LANE City CRANSTIN Director Name			
et Address			Street Address		147	
·			25 Cour	170 " 1	HALL	
	State	Zip	City	State	17:-	
			CRANSTI	1 87	- 02921	
ctor Name			Director Name		- 00721	
eet Address			Street Address	· · · ·		
	State	Zip	City	loure		
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ARES AUTHORIZED	AND END BUILDING	AND CANAL SERVICE OF		×		
ARES AUTHORIZED:					ACHMENT) L	
s information is currently of record in the Office of the Secretary State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
		or the occietary	NONE			
Section 9 of instruction	sheet,		7. 014			
RQ SWKS	PIN 2	747				
report must be executed	on behalf of the co	orporation by an authorize	d representative. If the	corporation is in the first	ands of a receiver or trustee,	
	this report must	be executed on behalf of	the expenses to the	oviporation is in the na	uius of a receiver or trustee,	

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FOR SECRETARY OF STATE LISE ONLY	30.00
E CONSECUEIANT OF STATE USE UNITY	100
	15 E. P

Form No. 630 Revised: 01/2012

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.

Signature of Authorized Repres

1-20-2017 Date

CAMP. SANI Print or Type Name of Authorized Representative