



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

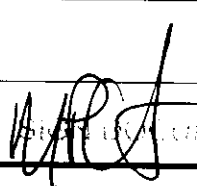
Annual Report for the year: **2017**

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 16052		2. Exact name of the Corporation R & D Realty, Inc.			
3. Principal Office Address 652 Smithfield Road		City Woonsocket		State RI	Zip 02895
4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island Real estate rental.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald D. Charest		Vice-President Name None			
Street Address 188 Greenville Road		Street Address			
City No. Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Marc P. Charest		Treasurer Name Marc P. Charest			
Street Address 855 East Avenue		Street Address 855 East Avenue			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald D. Charest		Director Name Marc P. Charest			
Street Address 188 Greenville Road		Street Address 855 East Avenue			
City No. Smithfield	State RI	Zip 02896	City Harrisville	State RI	Zip 02830
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		400	Common	No Par	
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 Marc P. Charest				Date 1/15/2017	
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

JAN 17 2017

BY **412**

FORM 630 - Revised: 10/2016