



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

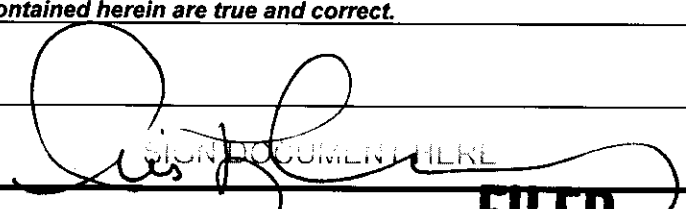
Annual Report for the year: **2017**

## 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<br><b>8704</b>  |                    | 2. Exact name of the Corporation<br><b>COTTAGE STREET REALTY, INC.</b>                                       |   |                    |                        |
| 3. Principal Office Address<br><b>100 COTTAGE STREET</b>  |                    | City<br><b>PAWTUCKET</b>   |   | State<br><b>RO</b> | Zip<br><b>02860</b>    |
| 4. NAICS Code<br><b>53 - Real Estate and Rental and</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE AND RENTAL</b> |   |                    |                        |
| 5. State of Incorporation<br><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<br><b>CRISTINE L. MCBURNEY</b>   |                    |  | Vice-President Name<br><b>JOHN F. MCBURNEY, III</b> |                    |                        |
| Street Address<br><b>15 PROGRESS STREET</b>   |                    |  | Street Address<br><b>5 NANCY STREET</b>             |                    |                        |
| City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>  | City<br><b>PAWTUCKET</b>                            | State<br><b>RI</b> | Zip<br><b>02860</b>    |
| Secretary Name  |                    |  | Treasurer Name                                      |                    |                        |
| Street Address  |                    |  | Street Address                                      |                    |                        |
| City  | State              | Zip  | City  | State              | Zip                    |
| 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 <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.   |                    |  |   |                    |                        |
| 10. Shares Issued   |                    | Check the box to indicate an attachment <input type="checkbox"/>   |   |                    |                        |
| NUMBER OF SHARES  |                    | CLASS/SERIES   |   | PAR VALUE          |                        |
| <b>100 NO PAR VAL</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<br><b>CRISTINE L. MCBURNEY</b>  |                    |  |   |                    | Date<br><b>1/11/17</b> |
| Signature of Authorized Representative<br>  |                    |  |   |                    |                        |

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

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FORM 630 - Revised: 10/2016