State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017
Corporation	<u>au1</u>

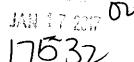
- -> Filing period: January 1 March 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25.0	0 fee if form is no	ot filed by April 1.						
Entity ID Number		2. Exact name of the Corporation						
353 933	BUCH	BUCHYS REALTY INC.						
Principal Office Address			City		State	Zip		
1269 BROAD	シブ		CENTA	RAL FALLS	R	02863		
4. NAICS Code	6. Brief desci	ription of the characte	r of business	conducted in Rhode I	sland			
5 3	RENTAL COMM. PROPERTY							
5. State of Incorporation		NTAL COM	M. 1160	TERT T				
2/								
7. List ALL officers (names and addresses) Check the box to indicate an attack.						licate an attachment 🔲		
President Name	OUTAVIE TIT			Vice-President Name				
	LEO FONTAINE III			Ctroot Address				
269 CUMBERLAND TUE			Street Address					
City	State	Zip	City		State	Zip		
No. ATTLEBORD	MA	02760						
Secretary Name			Treasurer Name					
Ohrand Andrews								
Street Address			Street Address					
City	State	Zip	City		State	Zip		
			J,		0.0.0	- P		
8. List ALL directors (names and	addresses)		·	Check	the box to ind	icate an attachment		
Director Name Director Name				•				
Street Address			06					
Sileet Address			Street Addres	S				
City	State	Zip	City		State	Zip		
		'	1			r		
Director Name			Director Name)				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
	·		",		Cidio	12.19		
9. Shares Authorized /	000	10. Shares Issue	d O	Check	the box to ind	icate an attachment		
This information is currently of red Department of State.	cord in the	NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE		
Department of State.				COMMON		.01		
Changes require an additional filin	ıg.							
11. This report must be executed	on behalf of the o	corporation by an auti	norized repres	sentative. If the corpo	ration is in the	hands of a receiver or		
Inder panelty of parius, I doe	uted on behalf of t	the corporation by the	receiver or tr	ustee.				
Under penalty of perjury, I deci statements, and that all statem	iare anu ammi u Ients contained l	iat i nave examined herein are true and d	τπιs report, π	nciuding any accom	ipanying sch	edules and		
Name of Authorized Representative Date								
Signature of Authorized Represe	ntativo							
Oignature of Authorized Represe	ndliv e 	war in the second						
1/16 9		UUUU Mene	Mantin Ma	<u> P</u> aren				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 630 - Revised: 10/2016