



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. Corporate ID No. 001669208		2. Name of Corporation 695 Eddy Properties, Inc.			
3. Street Address Principal Business Office P.O. Box 6768		City Providence	State RI	Zip 02904	
4. NAICS Code 53		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island real estate management					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael W. McAllister			Vice President Name		
Street Address P.O. Box 6768			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address P.O. Box 6768			Street Address P.O. Box 6768		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 common shares \$.01 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.

Signature

Date

Michael W. McAllister

Print or Type Name

President

Title

FILED

JAN 17 2017

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