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.	2. Name of Corporation
001669208	695 Eddy Properties, Inc.

3. Street Address Principal Business Office	City	State	Zip
P.O. Box 6768	Providence	RI	02904

4. NAICS Code	5. State of Incorporation
53	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Michael W. McAllister					
Street Address			Street Address		
P.O. Box 6768					
City	State	Zip	City	State	Zip
Providence	RI	02904			
Secretary Name			Treasurer Name		
Michael W. McAllister			Michael W. McAllister		
Street Address			Street Address		
P.O. Box 6768			P.O. Box 6768		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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)*** ☐

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.

10. SHARES ISSUED: ***("X" BOX FOR ATTACHMENT)*** ☐

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: 1/9/2017

Michael W. McAllister
Print or Type Name

President
Title

FILED
JAN 17 2017
BY 0267

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

Form 630 – Revised: 10/2016