



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

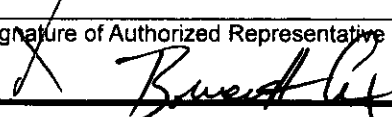
2017

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 108385		2. Exact name of the Corporation 73 CONSTITUTION STREET REALTY, INC.			
3. Principal Office Address 35 SUNSET VIEW DRIVE		City TIVERTON		State RI	Zip 02878
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING AND MANAGING				
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 JEAN P. COX			Vice-President Name BRUCE H. COX		
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name BRUCE H. COX			Treasurer Name JEAN P. COX		
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRUCE H. COX			Director Name JEAN P. COX		
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
400		Common		No Par Value	
Changes require an additional filing.					
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 BRUCE H. COX, Vice President					Date
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					JAN 19 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

BY 

FORM 680 - Revised: 10/2016