




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 <b>1338455</b>		2. Exact name of the Corporation <b>SOUTHPOINTE REALTY SERVICES, INC.</b>			
3. Principal Office Address <b>1130 TEN ROD ROAD, E-207</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE BROKERAGE SERVICES</b> <i>services</i>			
5. State of Incorporation <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 <b>ROGER A. PETERS II, ESQ.</b>			Vice-President Name <b>NONE</b>		
Street Address <b>1130 TEN ROAD ROAD, E-207</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>LYNN F. MORAN</b>			Treasurer Name <b>STEVEN MORAN</b>		
Street Address <b>1130 TEN ROAD ROAD, E-207</b>			Street Address <b>1130 TEN ROAD ROAD, E-207</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROGER A. PETERS II, ESQ.</b>			Director Name		
Street Address <b>1130 TEN ROAD ROAD, E-207</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1000</b>	<b>COMMON</b>	<b>\$0.01</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. <i>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.</i>					
Name of Authorized Representative <b>ROGER A. PETERS II, ESQ., PRESIDENT</b>					Date <b>1/24/17</b>
Signature of Authorized Representative 					<b>FILED</b> SIGNATURES HERE <b>JAN 24 2017</b> BY <u>A.A. 133</u>

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