



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 3743		2. Exact name of the Corporation CASBRO REALTY, INC.		
3. Principal Office Address 2131 Plainfield Pike		City Johnston	State RI	Zip 02919
4. NAICS Code 53 - Real Estate and Rental	6. Brief description of the character of business conducted in Rhode Island Real Estate			
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 Nancy L. Cucino		Vice-President Name Frank R. Cucino		
Street Address 2131 Plainfield Pike		Street Address 2131 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Nancy L. Cucino		Treasurer Name Frank R. Cucino		
Street Address 2131 Plainfield Pike		Street Address 2131 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Nancy L. Cucino		Director Name Frank R. Cucino		
Street Address 2131 Plainfield Pike		Street Address 2131 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnson	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		400	Common	No 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.				
Name of Authorized Representative Nancy L. Cucino, President			Date 1-17-17	
Signature of Authorized Representative 				

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

FILED

JAN 27 2017

By 2355
KM

FORM 630 - Revised: 10/2016