



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.

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FEB 3 2017

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1. Entity ID Number 13916		2. Exact name of the Corporation STARBRITE REALTY CORPORATION			
3. Principal Office Address 308 Summit Dr		City CRANSTON	State RI	Zip 02920	
4. NAICS Code 53	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 LYNNE A MARKARIAN			Vice-President Name Julie Colangelo		
Street Address 125 Beechwood Dr			Street Address 308 Summit Dr		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
Secretary Name			Treasurer Name Julie Colangelo		
Street Address			Street Address 308 Summit Dr		
City	State	Zip	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LYNNE A. MARKARIAN			Director Name Julie Colangelo		
Street Address 125 Beechwood Dr			Street Address 308 Summit Dr		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
Director Name			Director Name		
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	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 Julie Colangelo					Date 2/2/17
Signature of Authorized Representative <i>Julie Colangelo</i>					

FILED

FEB 03 2017

BY CU 244910