

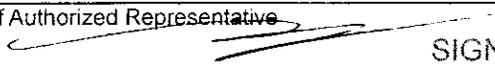


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 85937		2. Exact name of the Corporation CASTPOINT REALTY, INC.			
3. Principal Office Address 310 WEST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN, MANAGE, HOLD, RENT OR OTHERWISE DEAL IN 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 KEVIN CLARE			Vice-President Name ROBERT CAMPELLONE		
Street Address 310 WEST MAIN ROAD			Street Address 310 WEST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name ROBERT CAMPELLONE			Treasurer Name ROBERT CAMPELLONE		
Street Address 310 WEST MAIN ROAD			Street Address 310 WEST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT CAMPELLONE			Director Name KEVIN CLARE		
Street Address 310 WEST MAIN ROAD			Street Address 310 WEST MAIN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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
			100	COMMON	NO PAR
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 KEVIN CLARE, PRESIDENT		
Signature of Authorized Representative 			Date 1-31 , 2017		
SIGN DOCUMENT HERE FILED					

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

FEB 03 2017

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