

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

R.I. TELL STATE

1017 FER -3 PH 1: 12

1. Entity ID Number		2. Exact name of the Corporation					
7009		De Soto Realty, Inc.					
3. Principal Office Address			City		State	Zip	
916 Reservoir Avenue			Cranston		RI	02910	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business c	onducted in Rhode	Island	<del></del>	
53 - Real Estate and Rental	and To buy, sei	I. lease. hold and r	ent real estate a	and any other lawf	ul business.		
5. State of Incorporation		·,,		•			
Rhode Island							
7. List ALL officers (names an	d addresses)			Chec	the box to in	idicate an attachment 🔲	
President Name Kathleen G. D	Vice-President Name Kathleen G. Di Muro						
Street Address 916 Reservoir	Street Address 916 Reservoir Avenue						
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> <b>02910</b>	City Cranston		State RI	<sup>Zip</sup> <b>02910</b>	
Secretary Name Kathleen G. Di Muro			Treasurer Name Kathleen G. Di Muro				
Street Address 916 Reservoir Avenue			Street Address 916 Reservoir Avenue				
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State RI	<sup>Zip</sup> 02910	
8. List ALL directors (names a	nd addresses)	-			k the box to in	ndicate an attachment 🔃	
Director Name Kathleen G. Di			Director Name	:			
Street Address 916 Reservoir Avenue			Street Address				
City Cranston	State RI	Zip <b>02910</b>	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Chec	the box to in	ndicate an attachment 🔲	
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		100	100			No Par Value	
Changes require an additional f	filing.						
11. This report must be execu	ted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in t	he hands of a receiver or	
trustee, this report must be ex	ecuted on behalf of	f the corporation by	<u>the receiver or tr</u>	ustee. <i>ele<b>pi</b>ng any acco</i>			
Under penalty of perjury, I d statements, and that all stat	eciare and aπirm ements contained	uiat i nave examin I herein are true an	d corre t.	The state of the s			
Name of Authorized Represen	itative				Date	5,1-	
Kathleen G. Di Muro, Presid		FEB 0 3 2017					
Signature of Authorized Repre	esentative	Sign add		294967			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov