



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 46336		2. Exact name of the Corporation Cosann Realty Co.			
3. Principal Office Address 1880 Westminster Street			City Providence	State RI	Zip 02909
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island Real Estate and Investments			
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 Constantinos Perdikakis			Vice-President Name Antonia Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Constantinos Perdikakis			Treasurer Name Antonia Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name NONE			Director Name NONE		
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. <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 Constantinos Perdikakis				Date 2-8-17	
Signature of Authorized Representative 				FILED SIGN DOCUMENT	

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
FEB 10 2017
 BY 17704