



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.

2017 FEB 14 11:11 AM

1. Entity ID Number 58962		2. Exact name of the Corporation COBRA REALTY, INC.			
3. Principal Office Address 3 LEE ANN DRIVE		City BARRINGTON		State RI	Zip 02806
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island  REAL ESTATE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROSEMARY SURIANI			Vice-President Name GEORGE L. GRAY		
Street Address 3 LEE ANN DRIVE			Street Address 270 COUNTY ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name LEWIS J. SURIANI			Treasurer Name LEWIS J. SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		COMMON		NO PAR	
200					
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 ROSEMARY SURIANI, PRESIDENT					Date 2/7/17
Signature of Authorized Representative <i>Rosemary Suriani</i>					

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

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FORM 630 - Revised: 10/2016

BY 295687