

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 \$25.0 1. Entity ID Number			0.0				-
160297		2. Exact name of the Corporation THE GREAT OUTDOORS REALTY CO., INC.					
Principal Office Address			City		State	Zip	
3314 West Shore Road			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	Island		
53 - Real Estate and Rental a	nd To repair, o	own, buy, lease or	otherwise acq	uire, sell, convey, tr	ansfer, leas	e or otherwise disp	ose
5. State of Incorporation			n kits, gun tools	s, gun oil and gun a	ccessories a	and real estate	
Rhode Island	investment	t and holdings.					
7. List ALL officers (names and a	addresses)				the box to it	ndicate an attachme	nt
President Name Allen T. Syslo			Vice-President Name Michele Syslo				
Street Address c/o 3314 West Shore Road			Street Address c/o 3314 West Shore Road				
City Warwick	State RI	^{Zip} 02886	City Warwig	arwick State RI		Zip 02886	
Secretary Name Michele Sysio		1	Treasurer Name Allen T. Syslo				
Street Address c/o 3314 West Shore Road			Street Address c/o 3314 West Shore Road				
^{City} Warwick	State RI	Zip 02886	City Warwick		State RI	Zip 02886	
8. List ALL directors (names and	addresses)	r		Check	the box to in	ndicate an attachme	nt 🔲
Director Name Allen T. Syslo			Director Nam	^e Michele Syslo			
Street Address c/o 3314 West Shore Road			Street Address c/o 3314 West Shore Road				
City Warwick	State RI	^{Zip} 02886	City Warwick		State RI	Zip 02886	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Nam	е	•		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Iss	sued	Check	the box to in	idicate an attachmer	nt 🔲
This information is currently of red Department of State.	ord in the	NUMBER O	FSHARES	CLASS/SERIE	S	PAR VALUE	
•		100		Common		No Par	
Changes require an additional filin	g.						
11. This report must be executed					oration is in t	ne hands of a receiv	er or
trustee, this report must be execu Under penalty of perjury, I deci	lare and affirm t	that I have examin	ed this report,		npanying so	hedules and	
statements, and that all statem Name of Authorized Representat		nerein are true ar	ia correct.		Date n		
Allen T. Sysio				J-F-17			
Signature of Authorized Represer	ntative		1				_
	χ		Mieni He	ike Beran			_
MAIL TO:				LLU a	<u> </u>		

Division of Business Services

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

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

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FORM 630 - Revised: 10/2016