



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 92435		2. Exact name of the Corporation State Road Realty Corp.			
3. Principal Office Address 133 Faunce Corner Road		City Dartmouth		State MA	Zip 02747
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To conduct a general business of 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 Michael W. Panagakos			Vice-President Name None		
Street Address 133 Faunce Corner Road			Street Address		
City Dartmouth	State MA	Zip 02747	City	State	Zip
Secretary Name Michael W. Panagakos			Treasurer Name Michael W. Panagakos		
Street Address 133 Faunce Corner Road			Street Address 133 Faunce Corner Road		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$1.00 per share
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 Michael W. Panagakos					Date 2/9/17
Signature of Authorized Representative 					FILED

MAIL TO:
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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016