



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 68950		2. Exact name of the Corporation Fairlawn Plaza												
3. Principal Office Address 1 Realty Way			City East Providence	State RI	Zip 02914									
4. NAICS Code 	6. Brief description of the character of business conducted in Rhode Island To own, operate and manage commercial 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 John Pesce			Vice-President Name George Pesce											
Street Address 1 Realty Way			Street Address 1 Realty Way											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
Secretary Name John Pesce			Treasurer Name John Pesce											
Street Address 1 Realty Way			Street Address 1 Realty Way											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name N/A Closely held corporation			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 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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	Common	No Par												
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 John Pesce				Date 02-17-17										
Signature of Authorized Representative														

FILED**FEB 23 2017****BY****12979 DS**

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017