



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 000107738		2. Exact name of the Corporation ESPERANZA REALTY INC			
3. Principal Office Address 545 PAWTUCKET AVENUE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN REAL ESTATE SALES			
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 ALLAN J KAUFMAN			Vice-President Name		
Street Address 545 PAWTUCKET AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name ALLAN J KAUFMAN			Treasurer Name ALLAN J KAUFMAN		
Street Address 545 PAWTUCKET AVENUE			Street Address 545 PAWTUCKET AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALLAN J KAUFMAN			Director Name		
Street Address 545 PAWTUCKET AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
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
			100		STK
					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 ALLAN J KAUFMAN					Date 2/2/17
Signature of Authorized Representative 					

FILED
FEB 23 2017

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