

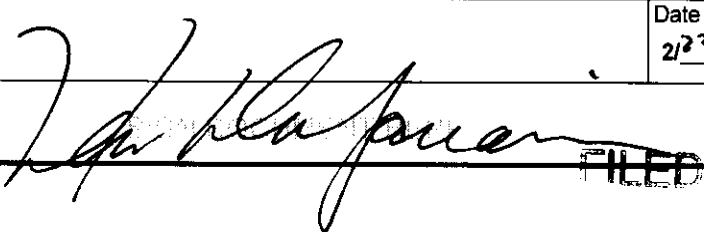


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

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BUS SVCS DIV  
2017 FEB 27 PM 1:35

1. Entity ID Number <b>89183</b>		2. Exact name of the Corporation <b>Madison Properties, Inc.</b>			
3. Principal Office Address <b>144 Waterman Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>Own, buy, sell and manage real estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kenneth R. Dulgarian</b>			Vice-President Name		
Street Address <b>144 Waterman Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Kenneth R. Dulgarian</b>			Treasurer Name <b>Kenneth R. Dulgarian</b>		
Street Address <b>144 Waterman Street</b>			Street Address <b>144 Waterman Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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					
10. Shares Issued <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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>		<b>common</b>		<b>no par value</b>	
Changes require an additional filing.					
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.					
<b>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.</b>					
Name of Authorized Representative <b>Kenneth R. Dulgarian</b>					Date <b>2/27/2017</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FEB 27 2017**

FORM 630 - Revised: 10/2016

By AL 4200