



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

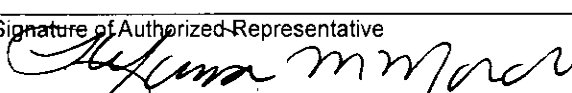
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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 FEB 27 PM 2: 30

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 128971		2. Exact name of the Corporation The Discovery G Corp.			
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100			City Providence	State RI	Zip 02903
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island The acquisition 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 Stefania M. Mardo			Vice-President Name		
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Stefania M. Mardo			Treasurer Name Stefania M. Mardo		
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address 101 Plain Street, 1st Floor, Suite 100		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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	PAR VALUE
		100	CNP	\$0.00	
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 Stefania M. Mardo				Date 2/23/17	
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

FILED
FEB 27 2017
BY 296878