



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 51101		2. Exact name of the Corporation Concord Corp.			
3. Principal Office Address 1865 Post Road - Suite 206			City Warwick	State RI	Zip 02886
4. NAICS Code 53 - Real Estate and Rental a		6. Brief description of the character of business conducted in Rhode Island 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 Dr. Brad Turchetta			Vice-President Name Dr. Brad Turchetta		
Street Address 1865 Post Road - Suite 206			Street Address 1865 Post Road - Suite 206		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dr. Brad Turchetta			Treasurer Name Dr. Brad Turchetta		
Street Address 1865 Post Road - Suite 206			Street Address 1865 Post Road - Suite 206		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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		
			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 Dr. Brad Turchetta					Date 2/21/17
Signature of Authorized Representative 					

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