STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
551187	Jefferson Gateway At The Airport Office Condominium II, Inc.

3. Principal office address	City	State	Zip
931 Jefferson Boulevard	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
401.274.3600	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To own, invest in and manage property, as well as engage in any other legal activity.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Michael Andreozzi	220 South Main Street	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Michael Integlia, Jr.	220 South Main Street	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
John Kalander	220 South Main Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Steven Germani	220 South Main Street	Providence	RI	02903

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Michael Andreozzi	220 South Main Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Michael Integlia, Jr.	220 South Main Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
John Kalander	220 South Main Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Steven Germani	220 South Main Street	Providence	RI	02903

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50,000		0.01

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.

3/9/17
Signature of Authorized Representative — Date

MICHAEL INTEGLIA JR.
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
MAR 10 2017
BY 3136

Form No. 630
Revised: 01/2012