



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. 551187		2. Exact name of the Corporation Jefferson Gateway At The Airport Office Condominium II, Inc.			
3. Principal office address 931 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401.274.3600		5. State of Incorporation 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 Michael Andreozzi		Vice-President Name Michael Integlia, Jr.			
Street Address 220 South Main Street		Street Address 220 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name John Kalandar		Treasurer Name Steven Germani			
Street Address 220 South Main Street		Street Address 220 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael Andreozzi		Director Name Michael Integlia, Jr.			
Street Address 220 South Main Street		Street Address 220 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name John Kalandar		Director Name Steven Germani			
Street Address 220 South Main Street		Street Address 220 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

FILED

MAR 10 2017

Signature of Authorized Representative

MICHAEL INTEGLIA JR.

Print or Type Name of Authorized Representative

Date

3/9/17

BY 3136