



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

Annual Report for the year: 2017
 Corporation

CR# 1184

STAMP
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

- 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 3338		2. Exact name of the Corporation C.W.A. Realty Inc.			
3. Principal Office Address 404 Smithfield Ave.			City PAWTUCKET	State Rd.	Zip 02860
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island Commercial Building				
5. State of Incorporation Rd.	WAS AN OFFICE BUILDING FOR FNS. IT'S BEEN EMPTY ALMOST 2 YRS				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERNEST F. COIT #			Vice-President Name SAME		
Street Address 275 GROTO AVE #36			Street Address		
City PAWTUCKET	State Rd	Zip 02860	City	State	Zip
Secretary Name SAME			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
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 300	CLASS/SERIES	PAR VALUE 0
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 ERNEST F. COIT #				Date 1/11/17	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

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

MAR 16 2017

BY *[Signature]* 298408