



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 <b>128219</b>		2. Exact name of the Corporation <b>Water Island Realty, Inc.</b>	
3. Principal Office Address <b>167 Main Street</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
4. NAICS Code <b>53 - Real Estate and Rental and</b>	6. Brief description of the character of business conducted in Rhode Island <b>The buying, selling, leasing, holding, improving, managing, developing, operating, transferring, and rental of real estate of any kind and description.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses)			
President Name <b>Olga Gassett</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>22105 Olean Boulevard</b>		Vice-President Name <b>Olga Gassett</b>	
City <b>Port Charlotte</b>		Street Address <b>22105 Olean Boulevard</b>	
State <b>FL</b>		City <b>Port Charlotte</b>	
Zip <b>33952</b>		State <b>FL</b>	
Secretary Name <b>Olga Gassett</b>		Zip <b>33952</b>	
Street Address <b>22105 Olean Boulevard</b>		Treasurer Name <b>Olga Gassett</b>	
City <b>Port Charlotte</b>		Street Address <b>22105 Olean Boulevard</b>	
State <b>FL</b>		City <b>Port Charlotte</b>	
Zip <b>33952</b>		State <b>FL</b>	
		Zip <b>33952</b>	
8. List ALL directors (names and addresses)			
Director Name <b>Olga Gassett</b>		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address <b>22105 Olean Boulevard</b>		Director Name	
City <b>Port Charlotte</b>		Street Address	
State <b>FL</b>		City	
Zip <b>33952</b>		State	
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	
		<b>Common</b>	
		<b>No Par Value</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Olga Gassett</b>		Date <b>3-21-17</b>	
Signature of Authorized Representative <i>Olga Gassett</i>			

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**

**MAR 23 2017**

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