



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 128219 | | 2. Exact name of the Corporation Water Island Realty, Inc. | | | |
| 3. Principal Office Address 167 Main Street | | City Westerly | State RI | Zip 02891 | |
| 4. NAICS Code 53 - Real Estate and Rental and | | 6. Brief description of the character of business conducted in Rhode Island The buying, selling, leasing, holding, improving, managing, developing, operating, transferring, and rental of real estate of any kind and description. | | | |
| 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 Olga Gassett | | | Vice-President Name Olga Gassett | | |
| Street Address 22105 Olean Boulevard | | | Street Address 22105 Olean Boulevard | | |
| City Port Charlotte | State FL | Zip 33952 | City Port Charlotte | State FL | Zip 33952 |
| Secretary Name Olga Gassett | | | Treasurer Name Olga Gassett | | |
| Street Address 22105 Olean Boulevard | | | Street Address 22105 Olean Boulevard | | |
| City Port Charlotte | State FL | Zip 33952 | City Port Charlotte | State FL | Zip 33952 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Olga Gassett | | | Director Name | | |
| Street Address 22105 Olean Boulevard | | | Street Address | | |
| City Port Charlotte | State FL | Zip 33952 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | | | |
| This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES | | PAR VALUE |
| | | | 100 | Common | No Par Value |
| 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 Olga Gassett <i>Olga Gassett</i> | | | | | Date 3-21-17 |
| Signature of Authorized Representative | | | | | |

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

1932