



State of Rhode Island and Providence Plantations

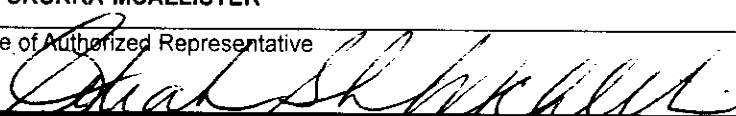
Department of State - Business Services Division

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 102183		2. Exact name of the Corporation 33-1/3, LTD			
3. Principal Office Address 52 TIFFANY ROAD		City COVENTRY		State RI	Zip 02816
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE COMPANY			
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 DEBRA SKURKA-MCALLISTER			Vice-President Name DEBRA SKURKA-MCALLISTER		
Street Address 52 TIFFANY ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name DEBRA SKURKA-MCALLISTER			Treasurer Name DEBRA SKURKA-MCALLISTER		
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			Director Name		
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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3900	B / NON VOTING	NONE
			100	A / VOTING	NONE
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 DEBRA SKURKA-MCALLISTER				Date 3/27/2017	
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
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