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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

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		me of the Corporation	MARCH 31 WILL RE	30L: IN A \$23.00 FENA	Carren.		
10138		Meshanticut Valley Real Estate, Inc.					
10130							
Principal office address 180 Meshanticut Valley Parkway			City Cranston	State RI	Zip 02920		
4. Business Phone No. 401-942-1872			5. State of Incorpora Rhode Island	tion	R.1		
6. Brief description of the Real Estate	character of business	s conducted in Rhode Islan	d		PESS DEPT. BUS SN		
LIST ALL OFFICERS	(NAMES AND ADDR	RESSES) ("X" BOX FOR A	TTACHMENT)				
President Name James R. DeCesare			Vice-President Name James R. DeCesare		ED STAT STAT		
Street Address 180 Meshanticut Valley Parkway			Street Address 180 Meshanticut Valley Parkway		10 th		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
Secretary Name James R. DeCesare			Treasurer Name James R. DeCesare				
Street Address 180 Meshanticut Valley Parkway			Street Address 180 Meshanticut Valley Parkway				
City Cransto n	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name James R. DeCesare			Director Name				
Street Address 180 Meshanticut V	alley Parkway		Street Address				
City Cranston	State RI	Zip 02920	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
, SHARES AUTHORIZE	D		10. SHARES ISSUE	("X" BOX FOR ATTACH	MENT)		
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		
			500	common	no par value		
This report must be exec		corporation by an authorize			of a receiver or trustee,		

File Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,				
Check No	Control of the contro	FILED	and that all statements contained herein are true	and correct. マー/4 <i>ニ・</i> ノフ		
Ву:	* · · · · · · · · · · · · · · · · · · ·	MAR: 2 7 2017	Signature of Authorized Representative	Date		
FOR SECRETARY	OF STATE USE ONLY	" ~ 492 8n	James R. DeCesare, President			
YVV A		Le 111300	Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012