

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 f	ee if form is n	ot filed by April 1.			_	22		
1. Entity ID Number 115041	2. Exact nam NE Propert	ne of the Corporation	on			MAR	225	
Principal Office Address A00 Pontiac Avenue	e Address				State RI	R 29	Z ₁₀	
4. NAICS Code 53 - Real Estate and Rental and 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island To buy, sell, hold, develop, repair, rent, lease, mortgage or finance real estate of every kind and description.							
7. List ALL officers (names and add	Check the box to indicate an attachment Vice-President Name							
President Name Robert Pesapane	NONE							
Street Address 400 Pontiac Avenue			Street Address					
City Cranston	State RI	^{Zip} 02910	City		State		Zip	
Secretary Name Robert Pesapane			Treasurer Name Robert Pesapane					
Street Address 400 Pontiac Avenue			Street Address 400 Pontiac Avenue					
City Cranston	State RI	^{Zip} 02910	City Cransto	City Cranston			^{Zip} 02910	
8. List ALL directors (names and ac	ldresses)			Check t	he box to i	ndicate :	an attachment 🔲	
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City				Zip	
Director Name NONE			Director Name NONE					
Street Address	Street Address							
City	State	Žip	City		State		Zip	
9. Shares Authorized 10. Shares								
This information is currently of record in the Department of State.		NUMBER OF SHARES 500		CLASS/SERIES Common			PAR VALUE No Par Value	
Changes require an additional filing.						 		
11. This report must be executed or trustee, this report must be execute	d on behalf of	the corporation by	the receiver or tr	ustee.				
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 Robert Pesapane Date 3/04								
Signature of Authorized Representative								
FILED								
MAIL TO:				- nni7				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016