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R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

State of Rhode Island and Providen lantations
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	2. Exact name of the Corporation		
95778	City Line Development, Inc.		
3. Principal Office Address	City	State	Zip
15 Forest Lane	East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
53 - Real Estate and Rental and	The purchase, sale, leasing and management of real estate and any other lawful business.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Earl M. Greco			Earl M. Greco, Jr.		
Street Address: 15 Forest Lane			Street Address: 15 Forest Lane		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Earl M. Greco, Jr.			Treasurer Name: Earl M. Greco		
Street Address: 15 Forest Lane			Street Address: 15 Forest Lane		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Class A Common	No Par Value Vote

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	Date
Earl M. Greco, President	3/24/2017

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 31 2017

By 299915 11:44

MAIL TO:
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