



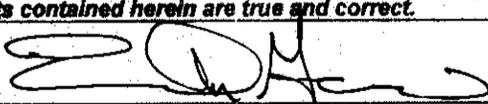
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

2017 MAR 31 AM 11:44
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 RECEIVED
 STAMP
 STATE OF RHODE ISLAND
 BUSINESS SERVICES DIVISION

1. Entity ID Number 95778		2. Exact name of the Corporation City Line Development, Inc.			
3. Principal Office Address 15 Forest Lane		City East Greenwich	State RI	Zip 02818	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Earl M. Greco		Vice-President Name 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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
			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. <i>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.</i>					
Name of Authorized Representative Earl M. Greco, President					Date 3 24 2017
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 31 2017

By 299915
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