



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

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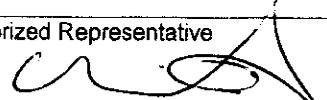
Annual Report for the year: **2017**

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FOR
 SECRETARY OF STATE
 USE ONLY

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 0001562		2. Exact name of the Corporation ATWELLS REALTY CORP.			
3. Principal Office Address ONE FRANKLIN SQUARE			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND LEASE REAL ESTATE AND OPERATE RESTAURANTS			
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 GERARD DISANTO II			Vice-President Name GERARD DISANTO II		
Street Address ONE FRANKLIN SQUARE			Street Address ONE FRANKLIN SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02917
Secretary Name GERARD DISANTO II			Treasurer Name GERARD DISANTO II		
Street Address ONE FRANKLIN SQUARE			Street Address ONE FRANKLIN SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	0.00
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 GERARD DISANTO II					Date 3/31/17
Signature of Authorized Representative  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

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