



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 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 307289		2. Exact name of the Corporation Brosco Real Estate Management, Inc.			
3. Principal office address 312 South Main Street		City Providence		State RI	Zip 02903
4. Business Phone No. (401) 272-5555		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real estate management.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name A.J. Brosco		Vice-President Name Dino A. Brosco			
Street Address 312 South Main Street		Street Address 312 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Angela Brosco		Treasurer Name A.J. Brosco			
Street Address 312 South Main Street		Street Address 312 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name A.J. Brosco, Esq.		Director Name Dino A. Brosco, Esq.			
Street Address 312 South Main Street		Street Address 312 South Main Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Angela Brosco		Director Name			
Street Address 312 South Main Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			600	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 12 2017

BY AK 304038

3:29

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.

Signature of Authorized Representative

Date

A.J. Brosco

Print or Type Name of Authorized Representative