



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


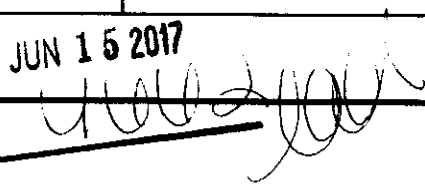
Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000028887		2. Exact name of the Corporation THE CHRISTOPHER REALTY CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITY			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1675 DOUGLAS AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT J. GRILLI			Vice-President Name PASQUALE NATALE		
Street Address 21F FORAND CIRCLE			Street Address 43 MARBLEHEAD AVENUE		
City JOHNSTON	State RI	Zip 02919	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name MICHAEL DELSIGNORE			Treasurer Name KENNETH P. MELLOR		
Street Address 1400 OLD LOUISQUISSET PIKE			Street Address 20 HUNTERS RUN		
City LINCOLN	State RI	Zip 02865	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAN TAYLOR			Director Name KEVIN AGNEW		
Street Address 153 ALEXANDER STREET			Street Address 13 DIAZ		
City NORTH PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02917
Director Name JAMES NICHOLAS			Director Name ROBERT WHELAN		
Street Address 15 STONELAW AVENUE			Street Address 6 CELEBRATION WAY		
City PROVIDENCE	State RI	Zip 02908	City JOHNSTON	State RI	Zip 02919
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative ALBERT J. GRILLI, PRESIDENT			Date JUNE 12, 2017		
Signature of Officer/Authorized Representative 			FILED JUN 15 2017 		

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

BY