paid $50.00

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR 27 PM 3:45

1. Entity ID Number	2. Exact name of the Corporation
41399	Corbett Realty Inc dba The Buyer's Choice (since 4.5.91)

3. Principal Office Address	City	State	Zip
1614 Lonsdale Avenue	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53	To sell + buy realestate in the corporate name as well as to represent others in the purchasing + selling of real estate to represent others in the sale, lease or engage in this real estate business pursuant to rental of realestate + other lawful purpose
5. State of Incorporation: RI	

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

President Name	Vice-President Name
John William Corbett	Kathleen Ann Pacheco-Corbett
Street Address: 1614 Lonsdale Avenue	Street Address: 1614 Lonsdale Avenue
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Secretary Name	**Treasurer Name**
Kathleen Ann Pacheco-Corbett	John William Corbett
Street Address: 1614 Lonsdale Avenue	Street Address: 1614 Lonsdale Avenue
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865

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

Director Name	Director Name
John William Corbett	Kathleen Ann Pacheco-Corbett
Street Address: 1614 Lonsdale Avenue	Street Address: 1614 Lonsdale Avenue
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000 No par value	1	No par value

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
John William Corbett	3.1.17

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 27 2017
BY CM 001354

FORM 630 - Revised: 02/2017