

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.

1. Entity ID Number <u>104411</u>		2. Exact name of the Corporation <u>Har-lee Realty Corp, Inc.</u>			
3. Principal Office Address <u>C/O Susan Shapiro 34 Broadwood Dr.</u>			City <u>Stamford</u>	State <u>CT</u>	Zip <u>06902</u>
4. NAICS Code <u>53</u>		6. Brief description of the character of business conducted in Rhode Island <u>Owns vertail rental property. Corporation owned by Gordon Michael Berkowitz Revocable Trust</u>			
5. State of Incorporation <u>Delaware</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Trustee Susan Shapiro</u>			Director Name		
Street Address <u>34 Broadwood Drive</u>			Street Address		
City <u>Stamford</u>	State <u>CT</u>	Zip <u>06902</u>	City	State	Zip
Director Name <u>Trustee Nori Skalka</u>			Director Name		
Street Address <u>12708A Shoreline Drive</u>			Street Address		
City <u>Wellington</u>	State <u>FL</u>	Zip <u>33414</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>3,000</u>	PAR VALUE <u>0</u>	
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 <u>Susan Shapiro, Trustee</u>				Date <u>8/21/17</u>	
Signature of Authorized Representative <u>[Signature]</u>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

payable to secretary of state

FILED

AUG 23 2017

BY

FORM 630 - Revised: 02/2017