



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 OCT -6 PM 3:12

1. Entity ID Number 000140092		2. Exact name of the Corporation Premier Land Development			
3. Principal Office Address 9 Grandstand Drive, Suite 200			City Lincoln	State RI	Zip 02865
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To engage in the business of Real Estate including but not limited to Real Estate Development, Leasing, Purchasing, Selling and holding Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name David Corsetti			Vice-President Name		
Street Address 9 Grandstand Drive			Street Address		
City Lincoln	State RI	Zip 02865	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			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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 8,000.00	CLASS/SERIES CNP	PAR VALUE \$0.0000	
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 John O. Mancini, Esq.					Date October 6, 2017
Signature of Authorized Representative 					SIGN DOCUMENT HERE 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

OCT 06 2017

BY CH 314347

FORM 630 - Revised: 08/2017