



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

Annual Report for the year: 2017  
 Corporation

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 BUS SVCS DIV  
 2017 NOV -2 AM 10:44

- 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 0000 61098		2. Exact name of the Corporation SHAWOMET Land COMPANY			
3. Principal Office Address 132 Old River Rd			City Liwolw	State RI	Zip 02865
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island REAL estate Related activity.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John Shekmeili			Vice-President Name John Shekmeili		
Street Address 132 Old River Rd			Street Address 132 Old River Rd		
City Liwolw	State RI	Zip 02865	City Liwolw	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John Shekmeili			Director Name		
Street Address 132 Old River Rd			Street Address		
City Liwolw	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		STK	100.00
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.					
<b>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.</b>					
Name of Authorized Representative 					Date 11/17
Signature of Authorized Representative John E Shekmeili					

**FILED**  
 NOV 02 2017  
 BY 6316574

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