



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

STAMP

→ 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 <b>000064780</b>		2. Exact name of the Corporation <b>180 PINE STREET CORPORATION</b>			
3. Principal Office Address <b>728 Valley Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>531311</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Management</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>RUDOLPH PROCACCIANTI</b>			Vice-President Name <b>RUDOLPH PROCACCIANTI</b>		
Street Address <b>219 Charlotte Drive</b>			Street Address <b>219 Charlotte Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>RUDOLPH PROCACCIANTI</b>			Treasurer Name <b>RUDOLPH PROCACCIANTI</b>		
Street Address <b>219 Charlotte Drive</b>			Street Address <b>219 Charlotte Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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 <b>800</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>	
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 <b>RUDOLPH PROCACCIANTI</b>					Date <b>1-19-18</b>
Signature of Authorized Representative 					

FILED

SIGN DOCUMENT HERE

JAN 09 2018

BY

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