



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

**Annual Report for the year: 2018**  
**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 <b>15903</b>		2. Exact name of the Corporation <b>Pawtuxet Realty, Inc.</b>			
3. Principal Office Address <b>1375 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>53 1390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard K. Sholes</b>			Vice-President Name <b>David H. Sholes</b>		
Street Address <b>51 Betsy William Drive</b>			Street Address <b>11 Barbour Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>Steven T. Sholes</b>			Treasurer Name <b>Andrew G. Sholes</b>		
Street Address <b>380 Algonquin Drive</b>			Street Address <b>737 Namquid Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Richard K. Sholes</b>			Director Name <b>David H. Sholes</b>		
Street Address <b>As above</b>			Street Address <b>As above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Steven T. Sholes</b>			Director Name <b>Andrew G. Sholes</b>		
Street Address <b>As above</b>			Street Address <b>As above</b>		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>24</b>		<b>Common</b>	<b>No Par Value</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. <i>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.</i>					
Name of Authorized Representative <b>RICHARD K SHOLES</b>					Date <b>1-12-18</b>
Signature of Authorized Representative <i>Richard K Sholes</i>					<b>FILED</b>

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

**JAN 17 2018**  
 BY *W. G. O'S*