



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 25091		2. Exact name of the Corporation Nelmor Realty Corporation			
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 53 1390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard K. Sholes			Vice-President Name David H. Sholes		
Street Address 51 Betsy William Drive			Street Address 11 Barbour Drive		
City Cranston	State RI	Zip 02905	City East Providence	State RI	Zip 02906
Secretary Name Steven T. Sholes			Treasurer Name Andrew G. Sholes		
Street Address 380 Algonquin Drive			Street Address 737 Namquid Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard K. Sholes			Director Name David H. Sholes		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name Steven T. Sholes			Director Name Andrew G. Sholes		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		24		Common	No Par Value
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 RICHARD K SHOLES					Date 1-12-18
Signature of Authorized Representative <i>Richard K Sholes</i>					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

JAN 17 2018
 BY 12692 DS FORM 630 - Revised: 10/2017