RI SOS Filing Number: 201856349200 Date: 1/18/2018 4:00:00 PM

State of Phode Island an	d Providence Plan	stations					
State of Rhode Island and Department of Sta			ivision				
Annual Report for the ye				을·Ack			
Corporation	-						
→ Filing period: January 1 - N					N SAC		
<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25.00 fe</li></ul>	ee if form is not f	iled by Anril 1				8 ARE	
1. Entity ID Number					_	<u>&gt; 00≦</u>	
1669086	z. Exact name o	Exact name of the Corporation  Franchica Properties INC.					
3. Principal Office Address	I TIAL FILE FROM				State	GZID ITS	
8 Stephen Drive			Rrict	. 1	0 =	'	
4. NAICS Code 6. Brief description of the charact					land	<i>\$</i> 380 9	
52596 Peul Estate Manage ment							
52596 Real Estate Management  5 State of Incorporation							
Rhode Island							
7. List ALL officers (names and add	resses)				the box to ir	ndicate an attachment	
President Name  Vice-President Name							
Street Address			Street Address				
City Stephen DRIVE			City State Zip				
Bristol	RT.	ዕት <u></u> ዩዕ ዓ	City		State	Ζιρ	
Secretary Name	( -	190 .017 /	Treasurer Na				
Frances A baynor Frances A baynor Street Address							
8 Stephen	& Stephen Drive						
City Bristol	State 2. ±	Zip 0み805	City Reis	اما	State	Zip (2→8719	
<ol><li>List ALL directors (names and ac</li></ol>			1 DEIS		the box to in	ndicate an attachment	
Director Name Frances B.	Director Name						
Street Address			Street Addres	s		·	
City 8 Stephen	State	Zıp	City		State	Zip	
Bristol	Ř.J.	02809	City		State	Zip	
Director Name			Director Name	9			
Street Address	Street Address						
Ch. Taur			Ch. IGin. IT.				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue				ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF S		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		8,00	00	Common		Nort	
11. This report must be executed of trustee, this report must be executed					ration is in t	he hands of a receiver or	
Under penalty of perjury, I declar	re and affirm that	t I have examined	l this report, i		panying so	chedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							
Frances A. Signature of Authorized Representa	etive Day	<del></del>		FILED -	1 Jan	vary 18, 2018	
SIGN DOCUMENT HERE							
L	train a			N 1 8 2018			
Division of Business Services			N	,32202	<i>H</i>		
148 W. River Street, Providence, Rhode	Island 02904-2615		RY AC	- ·			

Phone: (401) 222-3040 Website: www.sos.ri.gov