



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 <u>18900</u>		2. Exact name of the Corporation <u>RE-MIGIO, INC</u>			
3. Principal Office Address <u>225 Dupont Drive</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>53120</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>Rhode Island</u>		<u>Real Estate Holding Company</u>			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Joseph Esposito</u>			Vice-President Name <u>Kimberly G Esposito</u>		
Street Address <u>33 Cushing St</u>			Street Address <u>33 Cushing St</u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
Director Name			Director Name		
Street Address			Street Address		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>1,000</u>	<u>CNP-A</u>	<u>3.00</u>	
		<u>7,000</u>	<u>CNP-B</u>	<u>3.00</u>	
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.					
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.					
Name of Authorized Representative <u>X</u>					Date <u>12-21-17</u>
Signature of Authorized Representative					

FILED

JAN 19 2018

BY

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