RI SOS Filing Number: 201857027440 Date: 1/25/2018 4:00:00 PM

1,000	

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.

* '56.

JAN 25 2018

BY 2357

Entity ID Number	2. Exact nam	e of the Corporation	n	· •				
108385		73 CONSTITUTION STREET REALTY, INC.						
Principal Office Address SUNSET VIEW DRIVE			City TIVERTON		State RI	Zip 02878		
4. NAICS Code	6 Brief desci	ription of the charac	ter of business	conducted in Rhod	e Island			
531110		6. Brief description of the character of business conducted in Rhode Island						
	REAL ESTA	REAL ESTATE HOLDING AND MANAGING						
5. State of Incorporation RI								
7. List ALL officers (names and	addresses)			Che	ck the box to i	ndicate an attachment 🛚		
President Name JEAN P. COX			Vice-President Name BRUCE H. COX					
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE					
City TIVERTON	State RI	Zip 02878	City TIVERT		State RI	^{Zip} 02878		
Secretary Name BRUCE H. COX			Treasurer Name JEAN P. COX					
Stree' dress 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE					
City TIVERTON	State RI	^{Zip} 02878	City TIVERTON		State RI	^{Zip} 02878		
8. List ALL directors (names ar	nd addresses)			Che	ck the box to i	ndicate an attachment 🗆		
Director Name JEAN P. COX			Director Name JEAN P. COX					
Street Address 35 SUNSET VIEW DRIVE			Street Addres	Street Address 35 SUNSET VIEW DRIVE				
City TIVERTON	State RI	Zip 02878	City TIVERTON		State RI	Zip 02878		
Director Name NONE	, l	Director Name NONE						
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	Sued Sued	Check the box to indicate an attachment HARES CLASS/SERIES PAR VALUE				
This information is currently of Department of State.	is information is currently of record in the partment of State.		- STARES	COMMON		NO PAR VALUE		
Changes require an additional f	iling.							
11. This report must be execut	ed on behalf of the	corporation by an	authorized repre	sentative. If the co	rporation is in	the hands of a receiver or		
trustee, this report must be ex-	ecuted on behalf of	f the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I destatements, and that all state	eclare and affirm	that i have examin	ed this report,	including any acc	ompanying s	cneaules and		
Name of Authorized Represen		inesem ala una al	ra corrace	· ·	Date			
JEAN P. COX	11				1/	10/18		
Signature of Authorized Repre	senative	SIGN DO	CUMENT HERE			<u> </u>		

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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