



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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 2018 FEB 13 AM 11:18

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>1336351</b>		2. Exact name of the Corporation <b>Touisset Development Corp</b>			
3. Principal Office Address <b>3 Chester Ave</b>			City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To sell vacant land that is owned in RI.</b>			
5. State of Incorporation <b>MA</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>Barry McNeill</b>			Vice-President Name		
Street Address <b>26 Riverside Drive</b>			Street Address		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City	State	Zip
Secretary Name <b>Marcus Baptiste</b>			Treasurer Name <b>Marcus Baptiste</b>		
Street Address <b>3 Chester Ave</b>			Street Address <b>3 Chester Ave</b>		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</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>Barry McNeill</b>			Director Name		
Street Address <b>26 Riverside Drive</b>			Street Address		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City	State	Zip
Director Name <b>Marcus Baptiste</b>			Director Name		
Street Address <b>3 Chester Ave</b>			Street Address		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	FAR VALUE
		<b>0</b>			<b>0</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. 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 <b>Marcus Baptiste, Secretary</b>				Date <b>2-13-18</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

**FILED**

11:20 AM