



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 STAMP
 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 1336351		2. Exact name of the Corporation Touisset Development Corp			
3. Principal Office Address 3 Chester Ave			City Berkley	State MA	Zip 02779
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To sell vacant land that is owned in RI.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barry McNeill			Vice-President Name		
Street Address 26 Riverside Drive			Street Address		
City Berkley	State MA	Zip 02779	City	State	Zip
Secretary Name Marcus Baptiste			Treasurer Name Marcus Baptiste		
Street Address 3 Chester Ave			Street Address 3 Chester Ave		
City Berkley	State MA	Zip 02779	City Berkley	State MA	Zip 02779
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barry McNeill			Director Name		
Street Address 26 Riverside Drive			Street Address		
City Berkley	State MA	Zip 02779	City	State	Zip
Director Name Marcus Baptiste			Director Name		
Street Address 3 Chester Ave			Street Address		
City Berkley	State MA	Zip 02779	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	FAR VALUE
		0			0
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 Marcus Baptiste, Secretary				Date 2-13-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

11:20 AM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 13 2018
 BY 324105 KM
 FORM 630 - Revised: 10/2017