RI SOS Filing Number: 201858273530 Date: 2/13/2018 4:00:00 PM

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	2. Exact name of the Corporation
111841	SANFORD REALTY CO.

3. Principal Office Address	City	State	Zip
84 CYNTHIA AVE	TIVERTON	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	INVESTMENT IN REAL ESTATE AND THE LEASING AND RENTING OF THE SAME
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
BRYAN N. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Vice-President Name	Street Address	City	State	Zip
DIANE L. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Secretary Name	Street Address	City	State	Zip
DIANE L. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Treasurer Name	Street Address	City	State	Zip
BRYAN N. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NO PAR

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	Date
BRYAN N. SANFORD	2-5-2018

Signature of Authorized Representative: Bryan N. Sanford

FILED

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

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BY 104391

FORM 630 - Revised: 10/2017