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.

FILED
FEB 2 3 2018
BY 50049

Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
16520	PELHAN	PELHAM EAST, INC.					
3. Principal Office Address			City		State	Zip	
270 THAMES STREET			NEWPORT		RI	02840	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business o	conducted in Rho	ode Island		
531390	REAL ESTA	REAL ESTATE HOLDING COMPANY					
5. State of Incorporation							
RI							
7. List ALL officers (names an	nd addresses)		Is an Omeiden	Ch	neck the box to it	ndicate an attachment 🔲	
President Name GARY J. KILROY			Vice-President Name DAVID KILROY				
Street Address 285 THIRD BEACH ROAD			Street Address 600 PARADISE AVENUE				
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN		State RI	^{Zip} 02842	
Secretary Name NONE			Treasurer Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	and addresses)	ı		. Ch	neck the box to i	ndicate an attachment	
Director Name GARY J. KILROY			Director Name DAVID KILROY				
Street Address 285 THIRD BEACH ROAD			Street Address 600 PARADISE AVENUE				
City MIDDLETOWN	State RI	^{Zip} 02842	City MIDDLETOWN		State RI	Zip 02842	
Director Name NONE			Director Name NONE				
Street Address			Street Address	ş			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Is:	sued	Ch	neck the box to i	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
				COMMON		NO PAR	
Changes require an additional	filing.				•		
11. This report must be executrustee, this report must be ex					corporation is in t	the hands of a receiver or	
Under penalty of perjury, I c statements, and that all sta	declare and affirm	that I have examin	ned this report, i		companying s	chedules and	
Name of Authorized Represei					Date 🔪	Date	
GARY J. KILROY					Fel	Feb 1, 2018	
Signature of Authorized Repre		SIGN DO	CUMENT HERE			,	
<u>Ja</u>	~~ ()		+ LVB.				

MAIL TO:

Division of Business Services

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

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