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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 27 AM 8:36

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			
100701	AZA REALTY TRUST, INC			
3. Principal Office Address		City	State	Zip
100 GLEN ROAD		CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	OWNERSHIP, MANAGEMENT AND RENTAL OF REAL PROPERTY			
5. State of Incorporation				
RI				

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

President Name: BRIAN J BOWES			Vice-President Name: NONE		
Street Address: 100 GLEN ROAD			Street Address		
City: CRANSTON	State: RI	Zip: 02920	City	State	Zip
Secretary Name: BRIAN J BOWES			Treasurer Name: BRIAN J BOWES		
Street Address: SAME			Street Address: SAME		
City	State	Zip	City	State	Zip

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

Director Name: NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	1000	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
BRIAN J BOWES	

Signature of Authorized Representative: Brian J Bowes

SIGN DOCUMENT HERE

FILED
FEB 27 2018
KM

BY 325282

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

FORM 630 - Revised: 10/2017