



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

→ 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 000087252		2. Exact name of the Corporation SIVASET REALTY, INC.												
3. Principal Office Address 129 BALLOU STREET		City WOONSOCKET		State RI	Zip 02895									
4. NAICS Code 53120		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL REAL ESTATE RENTAL AND LEASING												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name PETER L. CHATELLIER			Vice-President Name											
Street Address PO BOX 8937, 200 MIDWAY ROAD			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Secretary Name PETER L. CHATELLIER			Treasurer Name PETER L. CHATELLIER											
Street Address PO BOX 8937, 200 MIDWAY ROAD			Street Address PO BOX 8937, 200 MIDWAY RD.											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name PETER L. CHATELLIER			Director Name											
Street Address PO BOX 8937, 200 MIDWAY RD.			Street Address											
City CRANSTON	State RI	Zip 02920	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE														
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 PETER L. CHATELLIER				Date 2/22/18										
Signature of Authorized Representative <i>Peter L. Chatellier</i>				SIGN DOCUMENT HERE										

FILED

FEB 26 2018

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FORM 630 - Revised: 10/2017