



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 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.			10. Shares Issued		
			NUMBER OF SHARES NONE	CLASS/SERIES	PAR VALUE
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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