RI SOS Filing Number: 201859315310 Date: 2/27/2018 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 SARBEC REALTY, INC. 100917 3. Principal Office Address State City Zip 916 Reservoir Avenue Cranston RI 02910 4. NAICS Code Brief description of the character of business conducted in Rhode Island 531210 Purchase, sale and rental of real estate and any other lawful business. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Kathleen G. Di Muro Vice-President Name
Kathleen G. Di Muro Street Address 916 Reservoir Avenue Street Address 916 Reservoir Avenue State RI State RI City Cranston City Cranston <sup>Zip</sup> 02910 <sup>Zip</sup> 02910 Secretary Name Kathleen G. Di Muro Treasurer Name Kathleen G. Di Muro Street Address 916 Reservoir Avenue Street Address 916 Reservoir Avenue State RI City Cranston State RI <sup>Zip</sup> 02910 City Cranston <sup>Zip</sup> 02910 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Kathleen G. Di Muro Street Address 916 Reservoir Avenue Street Address State RI <sup>Zip</sup> 02910 City Zip Cranston Director Name Director Name Street Address Street Address City State Ζip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the PAR VALUE Department of State. 100 Common No Par Value Changes require an additional filing. 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 Kathleen G. Di Muro, President

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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