



State of Rhode Island and Providence Plantations

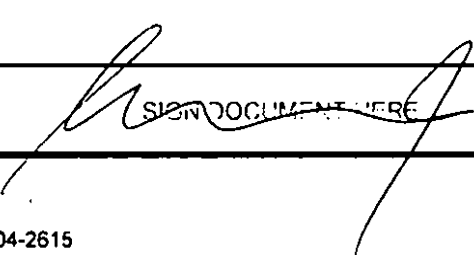
Department of State - Business Services Division

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 51049		2. Exact name of the Corporation MAIN SAIL PROPERTIES, INC.			
3. Principal Office Address UNIT #12, BELL TOWER PLAZA		City BRISTOL		State RI	Zip 02809
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, SELL, LEASE, RENT, MANAGE, AND DEVELOP REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT G. HOLLANDS			Vice-President Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ROBERT G. HOLLANDS			Treasurer Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT G. HOLLANDS			Director Name		
Street Address 3 JUNIPER COURT			Street Address		
City BRISTOL	State RI	Zip 02809	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES COMMON	PAR VALUE 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 ROBERT G. HOLLANDS					Date 2/12/18
Signature of Authorized Representative 					FILED FEB 28 2018 6937

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

BY

FORM 630 - Revised: 10/2017