



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

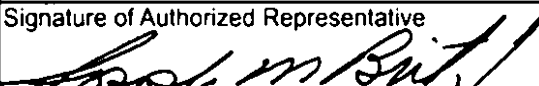
Annual Report for the year: **2018**
Corporation

ST-11

→ 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 203822		2. Exact name of the Corporation IDLEWOOD ESTATES CORPORATION												
3. Principal Office Address 99 TUPELO STREET			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT												
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 JOSEPH M BRITO JR			Vice-President Name DAVID DARLING											
Street Address 161 POPPASQUASH RD			Street Address 137 CAMERON WAY											
City BRISTOL	State RI	Zip 02809	City REHOBOTH	State MA	Zip 02769									
Secretary Name JOSEPH M BRITO JR			Treasurer Name JOSEPH M BRITO JR											
Street Address 161 POPPASQUASH RD			Street Address 161 POPPASQUASH RD											
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 JOSEPH M BRITO JR			Director Name DAVID DARLING											
Street Address 161 POPPASQUASH RD			Street Address 137 CAMERON WAY											
City BRISTOL	State RI	Zip 02809	City REHOBOTH	State MA	Zip 02769									
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	0			
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100	COMMON	0												
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 JOSEPH M BRITO JR				Date 2/26/18										
Signature of Authorized Representative 				<div style="text-align: center;"> FILED SIGN DOCUMENT HERE MAR 01 2018 1195 </div>										

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