



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 10133		2. Exact name of the Corporation Meshanticut Properties, Inc.			
3. Principal Office Address 1414 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred Carpcionato		Vice-President Name Alfred Carpcionato			
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred Carpcionato		Treasurer Name Alfred Carpcionato			
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1	Class A	\$1.00
			99	Class B	\$1.00
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. <i>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.</i>					
Name of Authorized Representative Alfred Carpcionato					Date 2/28/18
Signature of Authorized Representative <i>Alfred Carpcionato</i>					FILED MAR 01 2018 5403

MAIL TO:
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