RI SOS Filing Number: 201859611160 Date: 3/1/2018 4:00:00 PM

(3)

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

7. List ALL officers (names and addresses)

8. List ALL directors (names and addresses) Director Name N/A Closely held corporation

This information is currently of record in the

Changes require an additional filing.

→ Filing Fee: \$50.00

3. Principal Office Address

5. State of Incorporation

President Name George Pesce

Street Address 1 Realty Way

Secretary Name George Pesce

Street Address 1 Realty Way

City East Providence

City East Providence

Street Address

Director Name

Street Address

Shares Authorized

Department of State.

City

City

1. Entity ID Number

68950

531311

1 Realty Way

4. NAICS Code

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

State

RECE. VED
SECRETARY OF STATE
୍ଠରେ ଅପର ଅଧିକ୍ରୀ ହେଉଛି ।

201	U					
arch 1	1 2010 PAR -1 PM 1: 37				1 1: 37	
e if form is no	ot filed by April 1.					
	e of the Corporation Plaza, Inc.	n				
		City East Provid	lence	State Ri	Zip 02914	
	ription of the charac erate and manage			ode Island		
esses)			CI	neck the box to i	ndicate an attachment	
		Vice-President	Name	Carlino, Truste		
		Street Address 1 Reaalty Way				
State RI	^{Zip} 02914	City East Pro	ovldence	State Ri	Z ^{ip} 02914	
			¹⁶ George Pesc	e		
		Street Address	1 Realty Way			
State RI	^{Zip} 02914	City East Providence		State RI	^{Zip} 02914	
resses)				neck the box to i	ndicate an attachment 🔲	
poration		Director Name				
		Street Address		·		
State	Zip	City	-	State	Žip	
		Director Name				
		Street Address		-		
State	Zip	City		State	Złp	
In the	10. Shares Issued		Ci	eck the box to it	ndicate an attachment 🔲	
m uie	NUMBER OF SHARES		COMMON		No Par Value	
hehalf of the	comoration by se	huthorized sees-	antation little			
on behalf of	the corporation by	the receiver or tru	entative. If the c ustee.	orporation is in t	he hands of a receiver or	
and affirm t						

11. This report must be executed on behalf of the	e corporation by an authorized representative. If th	ne corporation is in the hands of a receiver
trustee, this report must be executed on behalf of Under penalty of perjury, I declare and effirm	that I have examined this report, including any	y accompanying schedules and
statements, and that all statements contained Name of Authorized Representative	d herein are true and correct.	
George Peace	Feorge Peace	2-26-18
Signature of Authorized Representative	SIGN DOCUMENT HERE	

MAIL TO: **Division of Business Services**

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

Phone: (401) 222-3040 Website: www.sos.rl.gov

MAR 0 1 2018 KW

FORM 630 - Revised: 10/2017