RI SOS Filing Number: 201859960510 Date: 3/9/2018 11:35:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017.
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		
2527	BLOCK ISLAND PROPERTIES, LTD.		
3. Principal Office Address	City	State	Zip
100 CESCO LANE	LAFAYETTE	LA	70506
4. Business Phone Number	5. State of Incorporation		
(337) 984-4287	RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island			
REAL ESTATE DEVELOPMENT 531110			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
PHILIP W. NOEL	JOSEPH W. NOEL
Street Address: 345 CHANNEL VIEW, UNIT 105	Street Address: 849 BELVILLE BLVD.
City: WARWICK State: R.I. Zip: 02889	City: NAPLES State: FL Zip: 34104
Secretary Name: FRANK MILLER	Treasurer Name: JOSEPH W. NOEL
Street Address: 100 CESCO LANE	Street Address: 849 BELVILLE BLVD.
City: LAFAYETTE State: LA Zip: 70506	City: NAPLES State: FL Zip: 34104

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
PHILIP W. NOEL	JOSEPH W. NOEL
Street Address: 345 CHANNEL VIEW, UNIT 105	Street Address: 849 BELVILLE BLVD.
City: WARWICK State: R.I. Zip: 02889	City: NAPLES State: FL Zip: 34104

9. Shares Authorized 4,000

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
PHILIP W. NOEL	1/30/2017

Signature of Authorized Representative: Philip W. Noel SIGN DOCUMENT HERE

FILED
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BY
A.A. 11:35 A.M.

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

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