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SECRETARY OF STATE
CORPORATIONS DIV

Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

2016 FEB 15 PM 3:51

→ 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 2527		2. Exact name of the Corporation Block Island Properties, LTD							
3. Principal Office Address 106 Cesco Lane			City Lafayette	State LA	Zip 70506				
4. Business Phone Number (337)984-4227			5. State of Incorporation 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 ☐				
President Name Philip W. Noel			Vice-President Name						
Street Address 345 Channel View, Unit 105			Street Address						
City Warwick	State RI	Zip 02889	City	State	Zip				
Secretary Name Frank A. Miller			Treasurer Name						
Street Address 106 Cesco Lane			Street Address						
City Lafayette	State LA	Zip 70506	City	State	Zip				
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐				
Director Name Philip W. Noel			Director Name Joseph W. Noel						
Street Address 345 Channel View, Unit 105			Street Address 106 Cesco Lane						
City Warwick	State RI	Zip 02889	City Lafayette	State LA	Zip 70506				
9. Shares Authorized		10. Shares Issued							
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐							
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/ES</th> <th>PAY VALUE</th> </tr> </thead> <tbody> <tr> <td>4,000</td> <td>Common</td> <td>No Par</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/ES	PAY VALUE	4,000
NUMBER OF SHARES	CLASS/ES	PAY VALUE							
4,000	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 Philip W. Noel					Date 12/30/16				
Signature of Authorized Representative <i>Philip W. Noel</i>									

SEE DOCUMENT HERE

FILED

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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MAR 09 2018

BY **326237**
A.A. 11:34 AM
CDOM 810, Revised: 06/10/16