RI SOS Filing Number: 201859961300 Date: 3/9/2018 11:29:00 AM

RECEIVED SECRETARY OF STATE CORPORATIONS DIV Department of State - Business Services Division 2018 FEB 15 PM 3:51 Annual Report for the year: 26/1

Corporation

-> Filing period: January 1 - March 1

Filing Fee:\$50.00

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1. Entity ID Number 2. Exact name of the Corporation								
2527 Block Island Properties, LTD								
3. Principal Office Address				City		State	I	Zip
106 Cesco Lane				Lafey		LA 70506		
4. Business Phone Number				5. State of incorporation				
(337)984-4227				Rhode island 23 77				
6. Brief description of the c								
Real Estate Development 551110								
7. List ALL officers (names and addresses) Check the box to indicate and company of t								
President Name Philip W. Noel				Vice-President Name				0.00
Street Address 345 Channel View, Unit 105				Street Address				
City Warwick	State RI	State 2		City		State	Zip	
Secretary Name Frank A. Miller				Treasurer Name				
Street Address 106 Ceaco Lane				Street Address Street Address Street Address				
Cey S Lafayette	State LA			City		State	h ave	
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 Cdy State Zip				0
Warwick !	State Ri	ΖΦ	2889	Cny Lafayeti	Lafayette		Zip 70506	
9. Shares Authorized	14, 41,4100 1000-			the box to indicate an attachment				
This information is currently of record in the Department of State.			4,00		Common		No Par	
Changes require an additional filing.								<u></u>
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 Repri	sentative		<u> </u>			Date	1.	
Philip W. Noel						12/30	0/16	
Signature of Authorized Representative								
Philip 1	w. Youl	-	- 816k Di 	OOMSK 	T 년 문자일 			

MAILTO:

FILED

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 MAR 0 9 2018

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

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