



Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 FEB 15 PM 3:51

Annual Report for the year: 2010  
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 <b>2527</b>		2. Exact name of the Corporation <b>Block Island Properties, LTD</b>			
3. Principal Office Address <b>106 Cesco Lane</b>		City <b>Lafayette</b>	State <b>LA</b>	Zip <b>70506</b>	
4. Business Phone Number <b>(337)984-4227</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Development 531110</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name <b>Philip W. Noel</b>		Vice-President Name			
Street Address <b>345 Channel View, Unit 105</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name <b>Frank A. Miller</b>		Treasurer Name			
Street Address <b>106 Cesco Lane</b>		Street Address			
City <b>Lafayette</b>	State <b>LA</b>	Zip <b>70506</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name <b>Phillip W. Noel</b>		Director Name <b>Joseph W. Noel</b>			
Street Address <b>345 Channel View, Unit 105</b>		Street Address <b>106 Cesco Lane</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Lafayette</b>	State <b>LA</b>	Zip <b>70506</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAY VALUE
		<b>4,000</b>		<b>Common</b>	<b>No Par</b>
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 <b>Philip W. Noel</b>					Date <b>12/30/16</b>
Signature of Authorized Representative <i>Philip W. Noel</i>					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2619

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 326237

A.A. 11:28 A.M.

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