STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation			
50	A. B. REALTY INC.			
3. Principal office address: 175 BRENTWOOD AVE.		City: WARWICK	State: R.I	Zip: 02886
4. Business Phone No.: 1-401-738-1969		5. State of Incorporation: Rhode Island		USA
6. Brief description of the character of business conducted in Rhode Island: REAL ESTATE 531910				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) OR "X" BOX FOR ATTACHMENT ☐

President Name: LEONARD P. BEAUMIER	Vice-President Name: LEONARD P. BEAUMIER
Street Address: 175 BRENTWOOD AVE	Street Address: 175 BRENTWOOD AVE
City: WARWICK State: R.I. Zip: 02886	City: WARWICK State: RI Zip: 02886
Secretary Name: LEONARD P. BEAUMIER	Treasurer Name: LEONARD P. BEAUMIER
Street Address: 175 BRENTWOOD AVE	Street Address: 175 BRENTWOOD AVE
City: WARWICK State: R.I. Zip: 02886	City: WARWICK State: R.I. Zip: 02886

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) OR "X" BOX FOR ATTACHMENT ☐

Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED:

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT ☐)

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NONE

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.

Leonard P. Beaumier 3/1/18
Signature of Authorized Representative Date

LEONARD P. BEAUMIER
Print or Type Name of Authorized Representative

FILED
MAR 09 2018
BY 213 DS

File Date:
Check No:
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012