

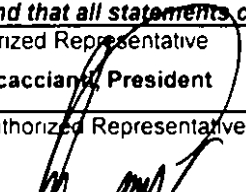


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
 Corporation

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- 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 87238		2. Exact name of the Corporation Primary Properties, Inc.			
3. Principal Office Address 1140 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own, build upon, develop, alter, repair, sell, rent, lease and otherwise generally deal with real and personal property			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James A. Procaccianti			Vice-President Name Gregory Vickowski		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth A. Procaccianti			Treasurer Name Elizabeth A. Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Procaccianti			Director Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES	
		100		Common \$1.00	
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 James A. Procaccianti, President					Date 3-8-18
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE MAR 13 2018 BY <u>JAS DS</u>

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3640
 Website: www.sos.ri.gov