



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 MAR 22 PM 3:21

Annual Report for the year: 2018 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 95778		2. Exact name of the Corporation City Line Development, Inc.			
3. Principal Office Address 15 Forest Lane			City East Greenwich	State RI	Zip 02818
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island The purchase, sale, leasing and management of real estate and any other lawful business.			
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 Earl M. Greco			Vice-President Name Earl M. Greco, Jr.		
Street Address 15 Forest Lane			Street Address 15 Forest Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Earl M. Greco, Jr.			Treasurer Name Earl M. Greco		
Street Address 15 Forest Lane			Street Address 15 Forest Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		1000		Class A Common	
				No Par Value Vote	
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 Earl M. Greco, President				Date 3/8/2018	
Signature of Authorized Representative SIGN DOCUMENT HERE				FILED MAR 22 2018	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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