



## 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.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 MAY - 9 AM 10:36

1. Entity ID No. <b>15651</b>		2. Exact name of the Corporation <b>Agawam Real Estate Co</b>			
3. Principal office address <b>1454 MAIN ST BOX 1 R</b>		City <b>WEST WARWICK</b>		State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-269-8657</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>COMMERCIAL RENTAL (531210)</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>WILLIAM C. SEIFRED</b>			Vice-President Name		
Street Address <b>1454 MAIN ST. BOX 1</b>			Street Address		
City <b>W. WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>3000</b>		<b>0</b>

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.

FILED

MAY 09 2018

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_ BY \_\_\_\_\_

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.

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

**WILLIAM C. SEIFRED**

Print or Type Name of Authorized Representative