



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUL -2 PM 3:15

1. Entity ID Number 0072640		2. Exact name of the Corporation F,R,G & M ASSOCIATES, LTD.			
3. Principal Office Address 2974 HAETFORD AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING			
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 FRANK A. MARTINELLI, JR.			Vice-President Name ROSE MARTINELLI		
Street Address 4 JOAN DRIVE			Street Address 4 JOAN DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ROSE MARTINELLI			Treasurer Name FRANK A. MARTINELLI, JR.		
Street Address 4 JOAN DRIVE			Street Address 4 JOAN DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRANK A. MARTINELLI, JR.			Director Name ROSE MARTINELLI		
Street Address 4 JOAN DRIVE			Street Address 4 JOAN DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 FRANK A. MARTINELLI, JR.				Date 07/02/2018	
Signature of Authorized Representative <i>Frank A. Martinelli Jr.</i>				FILED JUL 02 2018 KL 334104 3:15	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017