



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

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 AUG 21 PM 2:08

- 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 110831		2. Exact name of the Corporation Dexter Realty			
3. Principal Office Address 71 Dexter Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Buy, sell, mortgage, exchange, lease, let, hold for investment or otherwise use and operate real estate of all kinds.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald L. Brauman			Vice-President Name		
Street Address 99 Sherwood Lane			Street Address		
City Norwich	State CT	Zip 02360	City	State	Zip
Secretary Name Irving Wizenfeld			Treasurer Name Gerald L. Faella		
Street Address 366 North Quaker Lane			Street Address 34 Beaver River School House Road		
City West Hartford	State CT	Zip 06119	City Wyoming	State RI	Zip 02896
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			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/SERIES
			1,000		COMMON
			PAR VALUE		NONE
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. <i>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.</i>					
Name of Authorized Representative Gerald L. Faella, Treasurer					Date
Signature of Authorized Representative 					FILED

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

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