



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 DEC 28 PM 4:05

1. Entity ID Number <u>000789886</u>		2. Exact name of the Corporation <u>Brick wall Properties inc</u>	
3. Principal Office Address <u>174 Armington Street</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real estate</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Ilenia Ferrer</u>		Vice-President Name <u>Mexina Ramos</u>	
Street Address <u>174 Armington st</u>		Street Address <u>174 Armington st</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Cranston</u>
State <u>RI</u>	Zip <u>02905</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02905</u>	City <u>Cranston</u>		
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Ilenia Ferrer</u>		Director Name	
Street Address <u>174 Armington st</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	City
State <u>RI</u>	Zip <u>02905</u>	City	State
Zip <u>02905</u>	City		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City		
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>STK</u>
			<u>10.0000</u>
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 <u>Ilenia Ferrer</u>		Date <u>12/28/18</u>	
Signature of Authorized Representative <u>Ilenia Ferrer</u>			

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BY HEMF
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