



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

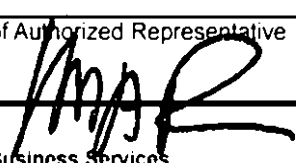
Annual Report for the year: **2019**
Corporation

→ 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 DIV2019 JAN -3 PM 12:11
FOR SECRETARY OF STATE
RECEIVED

1. Entity ID Number 68950		2. Exact name of the Corporation Fairlawn Plaza, Inc.			
3. Principal Office Address 1 Realty Way		City East Providence		State RI	Zip 02914
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island To own, operate and manage commercial real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Pesce			Vice-President Name Gene M. Carlino, Trustee		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name George Pesce			Treasurer Name George Pesce		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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 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 200	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Mark A. Fay, Esquire R/A					Date 1/3/2019
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED JAN 03 2019 BY J.B. J.M. G. PW

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