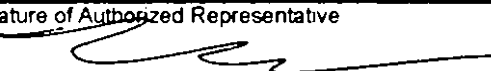




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 000068711		2. Exact name of the Corporation DENISON PRIOLO & LINDQUIST REALTY CORPORATION	
3. Principal Office Address 8A Canal Street		City Westerly	State RI
		Zip 02891	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Rental of building with restaurant and residential apartments.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Peter A. Lindquist		Vice-President Name Robert F. Priolo	
Street Address 11 Market Street		Street Address 2 Canal St., Apt. 3	
City Cambridge	State MA	City Westerly	State RI
Zip 02139		Zip 02891	
Secretary Name Merrill K. Moone		Treasurer Name Merrill K. Moone	
Street Address 8A Canal Street		Street Address 8A Canal Street	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Peter A. Lindquist		Director Name Robert F. Priolo	
Street Address 11 Market Street		Street Address 	
City Cambridge	State MA	City Westerly	State RI
Zip 02139		Zip 02891	
Director Name Merrill K. Moone		Director Name 	
Street Address 8A Canal Street		Street Address 	
City Westerly	State RI	City 	State
Zip 02891		Zip 	
9. Shares Authorized 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 ☐	
		NUMBER OF SHARES 900	
		C. ASS/SERIES common	
		PAR VALUE \$10.00	
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 Merrill K. Moone, Secretary		Date JAN 2, 2019	
Signature of Authorized Representative  SIGN DOCUMENT HERE			

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

RY

JAN 07 2019

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FORM 630 - Revised: 10/2017