



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 89343		2. Exact name of the Corporation Applegate Realty Co.			
3. Principal Office Address 1481 Atwood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Buying, selling, leasing, holding and otherwise dealing in real property.			
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 Christopher D. Colardo			Vice-President Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Christopher D. Colardo			Treasurer Name Christopher D. Colardo and Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
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 Richard J. Colardo, Jr.			Director Name Christopher D. Colardo		
Street Address 1481 Atwood Avenue			Street Address 1481 Atwood Avenue		
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					
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	CLASS/SERIFS	PAR VALUE
			1200	common	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				Date 1/10/19	
Signature of Authorized Representative					

SIGN DOCUMENT HERE,

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

JAN 16 2019
 BY 3578 **DS** FORM 630 - Revised: 10/2017