



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JAN 24 AM 10:32

- 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 794476		2. Exact name of the Corporation LOFT CORP.			
3. Principal Office Address 350 PINE ST			City PROV.	State RI	Zip 02903
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate activities			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FREE GRACE			Vice-President Name _____		
Street Address 350 PINE ST			Street Address _____		
City PROV.	State RI	Zip 02903	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name _____			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	PAR VALUE	
		1000	CNP	.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 FREE GRACE					Date 1.24.19
Signature of Authorized Representative <i>[Signature]</i>					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

FILED
 JAN 24 2019
 BY *[Signature]* V JMX/H