



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 0036751		2. Exact name of the Corporation Robbins Properties, Inc.			
3. Principal Office Address 10 Orms Street, Suite 330			City Providence	State RI	Zip 02904
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real Estate Development and Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur S. Robbins			Vice-President Name		
Street Address 10 Orms Street, Suite 330			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Arthur S. Robbins			Treasurer Name Arthur S. Robbins		
Street Address 10 Orms Street, Suite 330			Street Address 10 Orms Street, Suite 330		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur S. Robbins			Director Name		
Street Address 10 Orms Street, Suite 330			Street Address		
City Providence	State RI	Zip 02904	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		PAR VALUE
			100	Common	No Par
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 Arthur S. Robbins <i>Arthur S. Robbins</i>					Date 1/17/19
Signature of Authorized Representative					

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 24 2019
 BY 7644 DS