



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.

**FILED
STAMP**

FEB 06 2019

BY 4939
[Signature]

1. Entity ID Number 128532		2. Exact name of the Corporation 124B Realty, Inc.	
3. Principal Office Address 300 Front Street		City Lincoln	State RI
		Zip 02865	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island To purchase, improve, hold, rent and lease real estate of all types.		
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 Joseph A. McCann		Vice-President Name John T. McCann	
Street Address 66 Englewood Avenue		Street Address 1820 Diamond Hill Road	
City Pawtucket	State RI	City Cumberland	State RI
Zip 02860		Zip 02864	
Secretary Name Joseph A. McCann		Treasurer Name John T. McCann	
Street Address 66 Englewood Avenue		Street Address 1820 Diamond Hill Road	
City Pawtucket	State RI	City Cumberland	State RI
Zip 02860		Zip 02864	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		200	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 Joseph A. McCann, President			Date 1/31/2019
Signature of Authorized Representative <i>Joseph A. McCann President</i>			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov