



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 21 AM 10:37

1. Entity ID Number 000064780		2. Exact name of the Corporation 180 PINE STREET CORPORATION												
3. Principal Office Address 728 Valley Street			City Providence	State RI	Zip 02908									
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Real Estate Management												
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 RUDOLPH PROCACCIANTI			Vice-President Name RUDOLPH PROCACCIANTI											
Street Address 219 Charlotte Drive			Street Address 219 Charlotte Drive											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Secretary Name RUDOLPH PROCACCIANTI			Treasurer Name RUDOLPH PROCACCIANTI											
Street Address 219 Charlotte Drive			Street Address 219 Charlotte Drive											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
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"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>800</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	800	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
800	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. <i>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.</i>														
Name of Authorized Representative RUDOLPH PROCACCIANTI					Date 1-28-19									
Signature of Authorized Representative 														

SIGN DOCUMENT

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

FEB 21 2019

BY AYNEN

FORM 630 - Revised: 10/2017