



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.

STAMP

1. Entity ID Number 125906		2. Exact name of the Corporation ANAWAN REALTY, INCORPORATED	
3. Principal Office Address 61 Winter Street		City Rehoboth	State MA
		Zip 02769	
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island to carry on and conduct a general real estate investment business, to purchase, sell and lease real estate		
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 Anthony Andrade		Vice-President Name Anthony Andrade	
Street Address 61 Winter Street		Street Address 61 Winter Street	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
Secretary Name Anthony Andrade		Treasurer Name Anthony Andrade	
Street Address 61 Winter Street		Street Address 61 Winter Street	
City Rehoboth	State MA	City Rehoboth	State MA
Zip 02769		Zip 02769	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anthony Andrade		Director Name	
Street Address 61 Winter Street		Street Address	
City Rehoboth	State MA	City	State
Zip 02769		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	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		400	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 Anthony Andrade, President			Date 2-16-19
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

FEB 21 2019

BY 2289 DS FORM 630 - Revised: 10/2016