

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

Entity ID Number	2 Exact name	2. Exact name of the Corporation					
125906		ANAWAN REALTY, INCORPORATED					
3 Principal Office Address			City		State	Zıp	
61 Winter Street			Rehoboth		MA	02769	
4. NAICS Code 5.3.3 State of Incorporation RHODE ISLAND	<i>!</i>	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					
	1			Charl		strata an attachmical III	
7. List ALL officers (names and a President Name Anthony Andrac	Check the box to indicate an attachment  Vice-President Name Anthony Andrade						
Street Address 61 Winter Street	Street Address 61 Winter Street						
<sup>City</sup> Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehoboth			State MA Zip 02769	
Secretary Name Anthony Andrade			Treasurer Name Anthony Andrade				
Street Address 61 Winter Street			Street Address 61 Winter Street				
<sup>Cily</sup> Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehoboth		State MA	<sup>Zip</sup> 02769	
8. List ALL directors (names and	addresses)			Check	the box to ii	ndicate an attachment 🔲	
Director Name Anthony Andrade	•		Director Name	:			
Street Address 61 Winter Street			Street Address				
City Rehoboth	State MA	<sup>Zip</sup> 02769	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	•	State	Zip	
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	OF SHARES	CLASS/SERII	CLASS/SERIES PAR VALUE		
		400	400		<u> </u>	NO PAR	
11. This report must be executed trustee, this report must be executed					oration is in t	he hands of a receiver or	
Under penalty of perjury, I dec statements, and that all staten				ncluding any acco	mpanying s	chedules and	
Name of Authorized Representa		Training training training		<del></del>	Date	1/ 10	
Anthony Andrade, President 2-16-19							
Signature of Authorized Represe	entative	SIGNATOR	CUMENT HE	RE <b>FILE</b> I	)		
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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 2 1 2019

FORM 630 - Revised: 10/2016

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