



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No. 1683863 | | 2. Exact name of the Corporation Town & Shore Realty, Inc. | | | |
| 3. Principal office address 9 EAST AVENUE | | | City WESTERLY | State RI | Zip 02891 |
| 4. Business Phone No. 401-742-4012 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the corporation's business conducted in Rhode Island Town and Shore Realty 531110 | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Lisa M. Denniston | | | Vice-President Name Lisa M. Denniston | | |
| Street Address 16 Wildflower Drive | | | Street Address 16 Wildflower Drive | | |
| City WESTERLY | State RI | Zip 02891 | City WESTERLY | State RI | Zip 02891 |
| Secretary Name Lisa M. Denniston | | | Treasurer Name Lisa M. Denniston | | |
| Street Address 16 Wildflower Drive | | | Street Address 16 Wildflower Drive | | |
| City WESTERLY | State RI | Zip 02891 | City WESTERLY | State RI | Zip 02891 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Lisa M. Denniston | | | Director Name Lisa M. Denniston | | |
| Street Address 16 Wildflower Drive | | | Street Address 16 Wildflower Drive | | |
| City WESTERLY | State RI | Zip 02891 | City WESTERLY | State RI | Zip 02891 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 0 | | 0 |
| | | | | | |

FILED

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.

| |
|--|
| File Date _____ |
| Check No. _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |

MAR 20 2019

BY

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.

Signature of Authorized Representative

Date

Lisa M. Denniston

Print or Type Name of Authorized Representative