



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**

MAR 27 2019

BY

*2002*

1. Entity ID Number <b>000038284</b>		2. Exact name of the Corporation <b>ARCESE REALTY INTERESTS, INC.</b>			
3. Principal Office Address <b>478 ANGEL ROAD</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>ACQUISITION AND SALE OF REAL ESTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>BARBARA PATRIARCA</b>			Vice-President Name <b>BARBARA PATRIARCA</b>		
Street Address <b>478 ANGEL ROAD</b>			Street Address <b>478 ANGEL ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>BARBARA PATRIARCA</b>			Treasurer Name <b>BARBARA PATRIARCA</b>		
Street Address <b>478 ANGEL ROAD</b>			Street Address <b>478 ANGEL ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02965</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>BARBARA PATRIARCA</b>					Date <b>3-25-19</b>
Signature of Authorized Representative <i>Barbara Patriarca</i>					SIGN DOCUMENT HERE

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov