



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAR 27 2019

BY

Barbara Patriarca

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.

1. Entity ID Number 000036974		2. Exact name of the Corporation BOND REALTY INTERESTS, INC.			
3. Principal Office Address 478 ANGEL ROAD			City LINCOLN	State RI	Zip 02865
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island ACQUISITION AND SALE OF 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 BARBARA PATRIARCA			Vice-President Name BARBARA PATRIARCA		
Street Address 478 ANGEL ROAD			Street Address 478 ANGEL ROAD		
City LINCOLN	State RI	Zip 02864	City LINCOLN	State RI	Zip 02864
Secretary Name BARBARA PATRIARCA			Treasurer Name BARBARA PATRIARCA		
Street Address 478 ANGEL ROAD			Street Address 478 ANGEL ROAD		
City LINCOLN	State RI	Zip 02965	City LINCOLN	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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 BARBARA PATRIARCA					Date
Signature of Authorized Representative <i>Barbara Patriarca</i> SIGN DOCUMENT HERE					

MAIL TO:
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