



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

[Signature]

| | | | | | |
|---|--------------------|---|---|--------------------|---------------------|
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 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:
Division of Business Services
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Website: www.sos.ri.gov