



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

APR 01 2019

BY HUPLOS

1. Entity ID Number 000087252		2. Exact name of the Corporation Sivaset Realty, Inc.			
3. Principal Office Address 129 Ballou Street		City Woonsocket		State RI	Zip 02920
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Commercial real estate rental and leasing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter L. Chatellier			Vice-President Name		
Street Address PO Box 8937, 200 Midway Road			Street Address		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Peter L. Chatellier			Treasurer Name Peter L. Chatellier		
Street Address PO Box 8937, 200 Midway Road			Street Address PO Box 8937, 200 Midway Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter L. Chatellier			Director Name		
Street Address PO Box 8937, 200 Midway Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			none		
					PAR VALUE
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 Peter L. Chatellier					Date 3/28/19
Signature of Authorized Representative  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

FORM 630 - Revised: 10/2017