



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

FILED

JUN 27 2019

RY

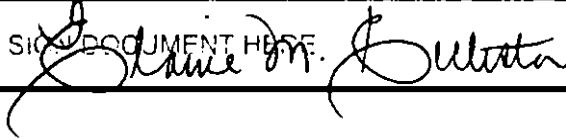
Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1-- June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000064647		2. Exact name of the Corporation CENTURY 21 BROKERS' ADVISORY COUNCIL OF RHODE ISLAND, INC.		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To encourage professionalism and to promote increased real estate sales.		
4. NAICS Code 813920 - Professional Org				
6. Principal Office Address 86 Weybosset Street, 4th Floor		City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Elaine Eccleston		Vice-President Name Diana M. Kryston		
Street Address 1025 Tiogue Avenue		Street Address 727 East Avenue		
City Coventry	State RI	Zip 02816	City Pawtucket	State RI Zip 02860
Secretary Name Lisa Fonseca		Treasurer Name Edward Stachurski		
Street Address 729 Hope Street		Street Address 1136 Newport Avenue		
City Bristol	State RI	Zip 02809	City Pawtucket	State RI Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Elaine Eccleston		Director Name Diana M. Kryston		
Street Address 1025 Tiogue Avenue		Street Address 727 East Avenue		
City Coventry	State RI	Zip 02816	City Pawtucket	State RI Zip 02860
Director Name Lisa Fonseca		Director Name Edward Stachurski		
Street Address 729 Hope Street		Street Address 1136 Newport Avenue		
City Bristol	State RI	Zip 02809	City Pawtucket	State RI Zip 02861
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.				
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.				
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>				
Name of Officer/Authorized Representative Elaine Eccleston, President				Date
Signature of Officer/Authorized Representative 				6/19/19