

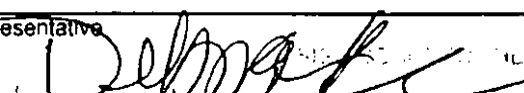


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 RI DEPT OF STATE
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1. Entity ID Number 000165088		2. Exact name of the Corporation BULGAR MARSH ROAD CORPORATION			
3. Principal Office Address 200 BULGARMARSH ROAD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island BUYS, MANAGES AND SELLS REAL ESTATE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SY MARCUS			Vice-President Name		
Street Address 115 CLARK ROAD			Street Address		
City BROOKLINE	State MA	Zip 02446	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SY MARCUS			Director Name		
Street Address 115 CLARK ROAD			Street Address		
City BROOKLINE	State MA	Zip 02446	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		
			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. <i>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>					
Name of Authorized Representative DEBRA KEENAN				Date 9/12/19	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017

BY 91N88