



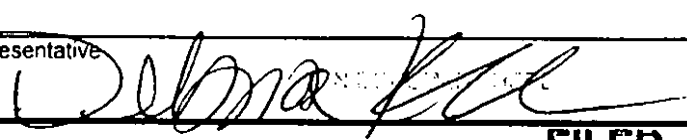
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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BUSINESS DIV

2019 SEP 13 A 10:31

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 <b>000165088</b>		2. Exact name of the Corporation <b>BULGAR MARSH ROAD CORPORATION</b>			
3. Principal Office Address <b>200 BULGARMARSH ROAD</b>		City <b>TIVERTON</b>		State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>53 1110</b>		6. Brief description of the character of business conducted in Rhode Island <b>BUYS, MANAGES AND SELLS REAL ESTATE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SY MARCUS</b>			Vice-President Name		
Street Address <b>115 CLARK ROAD</b>			Street Address		
City <b>BROOKLINE</b>	State <b>MA</b>	Zip <b>02446</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SY MARCUS</b>			Director Name		
Street Address <b>115 CLARK ROAD</b>			Street Address		
City <b>BROOKLINE</b>	State <b>MA</b>	Zip <b>02446</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			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. <b>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.</b>					
Name of Authorized Representative <b>DEBRA KEENAN</b>				Date <b>9/12/19</b>	
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

FILED

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FORM 630 - Revised: 10/2017

BY 91N88