



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV 21 PM 1:48

STAMP

1. Entity ID Number 001661687		2. Exact name of the Corporation 961 INC.			
3. Principal Office Address 961 MANTON AVE.			City PROVIDENCE		State RI
					Zip 02909
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL AND OWNERSHIP			
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 JOSEPH ALOISIO			Vice-President Name NONE		
Street Address 961 MANTON AVE.			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 JOSEPH ALOISIO			Director Name NONE		
Street Address 961 MANTON AVE.			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name NONE			Director Name NONE		
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			
		NONE	COMMON	.01	
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 LEONARD J. APPEL, CPA, POA					Date 11/19/2019
Signature of Authorized Representative <i>Leonard J. Appel, CPA</i>					FILED

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

NOV 21 2019
BY *CA FB/KG*
1:49
FORM 630 - Revised: 10/2017