| Annual Report for the year: 2020  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  JAN 13 2020  BY   |  |                    |                      |
|--|---------------------------------------|----------------------|--|--|--------------------|----------------------|
|  |                                       |                      |  |  |                    |                      |
| 3. Principal Office Address 4 Bourget Court  |                                       |                      | City<br>North Smithfield   | 1                                      | State<br>RI        | Zip<br>02896         |
| . NAICS Code 53  | Real Estate                           | Management           | cter of business cond  |  |                    |                      |
| 7. List ALL officers (names and addresses) President Name Wayne Beauchamp  |                                       |                      | Check the box to indicate an attachmet Vice-President Name Keith Beauchamp |  |                    |                      |
| Street Address 4 Bourget Court   |                                       |                      | Street Address<br>243 Sneech Pond Road                                     |  |                    |                      |
| North Smithfield   | State RI                              | <sup>Zip</sup> 02896 | City Cumberland  |  | State RI           | <sup>Zip</sup> 02864 |
| ecretary Name<br>freet Address   | · · · · · · · · · · · · · · · · · · · |                      | Treasurer Name Street Address  |  |                    |                      |
| ity  | State                                 | Zip                  | City   |  | State              | Zip                  |
| . List ALL directors (names  | and addresses)                        |                      |  | Che                                    | ck the box to indi | cate an attachme     |
| irector Name   | Director Name                         |                      |  |  |                    |                      |
| Street Address   |                                       |                      | Street Address   |  |                    |                      |
| ity  | State                                 | Zip                  | City   | -                                      | State              | Zip                  |
| irector Name   |                                       | Director Name        | Director Name  |  |                    |                      |
| Street Address   |                                       |                      | Street Address   |  |                    |                      |
| ity  | State                                 | Zip                  | City   |  | State              | Zip                  |
| . Shares Authorized  |                                       | 10. Shares iss       |  | Check the box to indicate an attachmen |                    |                      |
| his information is currently of record in the epartment of State.  |                                       | NUMBER O             | F SHARES   | CLASS/SERIES PAR VALUE                 |                    |                      |
| Changes require an additional filing.  |                                       | 1000                 | l l  | CNP 0                                  |                    | )                    |

trustee, 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

Date

Wayne Beauchamp

January 9, 2020

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