

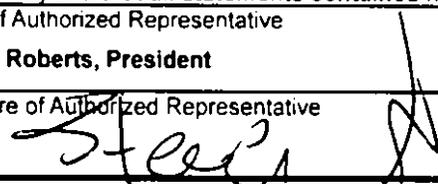
2020 JAN 21 PM 1:08



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

**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>68285</b>		2. Exact name of the Corporation <b>S&amp;R Properties of Rhode Island, Ltd.</b>			
3. Principal Office Address <b>24 Indian Lane</b>		City <b>South Salem</b>	State <b>NY</b>	Zip <b>10590</b>	
4. NAICS Code <b>531120</b>	6. Brief description of the character of business conducted in Rhode Island <b>To acquire, own, hold, maintain and operate the real property and improvements commonly known as Two Corporate Place, Middletown, RI.</b>				
5. State of Incorporation <b>Rhode Island</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>Steven Roberts</b>			Vice-President Name		
Street Address <b>24 Indian Lane</b>			Street Address		
City <b>South Salem</b>	State <b>NY</b>	Zip <b>10590</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Alan W Lasker</b>		
Street Address			Street Address <b>260 W End Ave</b>		
City	State	Zip	City <b>New York</b>	State <b>NY</b>	Zip <b>10023</b>
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>Steven Roberts</b>			Director Name		
Street Address <b>24 Indian Lane</b>			Street Address		
City <b>South Salem</b>	State <b>NY</b>	Zip <b>10590</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10 Shares Issued <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>10</b>	<b>Common</b>	<b>No Par</b>
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>Steven Roberts, President</b>				Date <b>1.15.20</b>	
Signature of Authorized Representative 				SIGNATURE (MENTAL FILE) <b>1:08</b>	

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**  
 JAN 21 2020  
 BY *Opb* 18HSY