



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 21 2020

1932

1. Entity ID Number <u>000085290</u>		2. Exact name of the Corporation <u>1173 ASSOCIATES, LTD</u>	
3. Principal Office Address <u>160 ALVIN ST</u>		City <u>WARWICK</u>	State <u>R.I.</u>
		Zip <u>02886</u>	
4. NAICS Code <u>531120</u>	6. Brief description of the character of business conducted in Rhode Island <u>TO ENGAGE IN THE RENTAL OF REAL ESTATE</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>JOHN B MARI</u>		Vice-President Name	
Street Address <u>160 ALVIN ST</u>		Street Address	
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02886</u>	
Secretary Name <u>JOHN B MARI</u>		Treasurer Name	
Street Address <u>160 ALVIN ST</u>		Street Address	
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02886</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NO</u>	
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 <u>[Signature]</u>		Date <u>1-16-20</u>	
Signature of Authorized Representative		SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov