



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

Annual Report for the year: 2020
Corporation

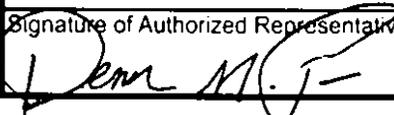
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 21 2020

4414

STAMP

1. Entity ID Number 75684		2. Exact name of the Corporation RESERVOIR REALTY COMPANY, INC.			
3. Principal Office Address 141 Power Road		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Owning, operating, managing, planning, acquiring, buying, leasing, altering, dealing in commercial and/or residential real properties			
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 Dean M. Ponte			Vice-President Name Manuel C. Ponte, Jr.		
Street Address 4480 Post Road, Unit 5			Street Address 141 Power Road		
City Warwick	State RI	Zip 02818	City Pawtucket	State RI	Zip 02860
Secretary Name Manuel C. Ponte, III			Treasurer Name Manuel C. Ponte, III		
Street Address 72 Tiffany Road			Street Address 72 Tiffany Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			1,200		common
			PAR VALUE		no par
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 Dean M. Ponte				Date 1-16-2020	
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.n.gov