



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

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1. Entity ID Number 63965		2. Exact name of the Corporation Shoreline Properties, Inc.			
3. Principal Office Address 400 South County Trail, Suite A207			City Exeter	State RI	Zip 02822
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate			
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 L. Catelli			Vice-President Name Joseph L. Catelli		
Street Address 400 South County Trail, Suite A207			Street Address 400 South County Trail, Suite A207		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Joseph L. Catelli			Treasurer Name Joseph L. Catelli		
Street Address same			Street Address same		
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 None			Director Name None		
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		PAR VALUE
			100	Common	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 Joseph Catelli					Date 1/17/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE