



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.

STAMP

1. Entity ID Number 42859		2. Exact name of the Corporation C & P REALTY, INC.			
3. Principal Office Address 38 MALLARD COVE WAY			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL A. WINQUIST			Vice-President Name MICHAEL J. WINQUIST		
Street Address 38 MALLARD COVE WAY			Street Address 17 Mallard Cove Way		
City BARRINGTON	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name CARL A. WINQUIST			Treasurer Name CARL A. WINQUIST		
Street Address 38 MALLARD COVE WAY			Street Address 38 MALLARD COVE WAY		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CARL A. WINQUIST			Director Name		
Street Address 38 MALLARD COVE WAY			Street Address		
City BARRINGTON	State RI	Zip 02806	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		
			NO PAR VALUE		
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 CARL A. WINQUIST, PRESIDENT					Date
Signature of Authorized Representative <i>Carl A. Winquist</i>					

SIGN DOCUMENT HERE

FILED
FEB 26 2020

BY **3093**

FORM 630 - Revised: 10/2017