



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.

FILEDAMP

FEB 27 2020

BY

430 DS

1. Entity ID Number 001670720		2. Exact name of the Corporation East Matunuck Pointe Group, Inc.			
3. Principal Office Address 1140 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Activities related to 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 James A. Procaccianti			Vice-President Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Elizabeth A. Procaccianti			Treasurer Name Gregory Vickowski		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Procaccianti			Director Name Elizabeth A. Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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
			10,000	CWP	\$1.00
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 James A. Procaccianti, President					Date 2-24-2020
Signature of Authorized Representative					
SIGN DOCUMENT HERE					