



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**  
 MAR 02 2020  
 STAFF  
 7317

1. Entity ID Number 51049		2. Exact name of the Corporation MAIN SAIL PROPERTIES, INC.			
3. Principal Office Address UNIT #12, BELL TOWER PLAZA			City BRISTOL	State RI	Zip 02809
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, SELL, LEASE, RENT, MANAGE, AND DEVELOP REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT G. HOLLANDS			Vice-President Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ROBERT G. HOLLANDS			Treasurer Name ROBERT G. HOLLANDS		
Street Address 3 JUNIPER COURT			Street Address 3 JUNIPER COURT		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ROBERT G. HOLLANDS			Director Name		
Street Address 3 JUNIPER COURT			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			300		NO PAR
			CLASS/SERIES COMMON		
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.					
<b>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.</b>					
Name of Authorized Representative ROBERT G HOLLANDS					Date 1/21/20
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.ri.gov