RI SOS Filing Number: 202035926430 Date: 3/5/2020 1:07:00 PM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: 2019 Corporation Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 86090 R&F REALTY, INC. 3. Principal Office Address State Z-jo'' 83 DOUGLAS PIKE **NORTH SMITHFIELD** RI 02896 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531110 TO BUY, SELL, MORTGAGE, DEAL IN, DEVELOP, LEASE, RENT AND MANAGE REAL ESTATE State of Incorporation **RHODE ISLAND** 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name FRANCIS E. WILLIAMS Vice-President Name FRANCIS E. WILLIAMS Street Address 83 DOUGLAS PIKE Street Address 83 DOUGLAS PIKE State RI City NORTH SMITHFIELD State Zip 02896 <sup>Zip</sup> 02896 <sup>City</sup> NORTH SMITHFIELD Secretary Name FRANCIS E. WILLIAMS Treasurer Name FRANCIS E. WILLIAMS Street Address 83 DOUGLAS PIKE Street Address 83 DOUGLAS PIKE State RI State RI City NORTH SMITHFIELD Zip 02896 <sup>Zip</sup> 02896 City NORTH SMITHFIELD 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name FRANCIS E. WILLIAMS Street Address 83 DOUGLAS PIKE Street Address Zip 02896 State City State Zip NORTH SMITHFIELD RI Director Name Director Name Street Address Street Address City State City Zip State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the CLASS/SERIES PAR VALUE Department of State. 50 COMMON **NO PAR** Changes require an additional filing. 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 Date FRANCIS E. WILLIAMS

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MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

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