



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 JUN 23 PM 12:41

1. Entity ID Number 000057633		2. Exact name of the Corporation PARAMOUNT PROPERTIES GROUP, INC.			
3. Principal Office Address 15 Wetmore Avenue			City Riverside	State RI	Zip 02915
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Brokerage, sale, construction and marketing of 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 Daniel P Cregan			Vice-President Name		
Street Address 15 Wetmore Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name John D Cregan			Treasurer Name Daniel P Cregan		
Street Address 15 Wetmore Avenue			Street Address 15 Wetmore Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Daniel P Cregan			Director Name John D Cregan		
Street Address 15 Wetmore Avenue			Street Address 15 Wetmore Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Daniel P Cregan				Date 3/11/2020	
Signature of Authorized Representative <i>Daniel P. Cregan</i>			SIGN DOCUMENT HERE		
			FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 23 2020

 FORM 630 - Revised: 10/2017
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