RI SOS Filing Number: 202047147740 Date: 7/30/2020 4:00:00 PM

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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE USE ONLY
2020 JUL 30 PM 2:56

1. Entity ID Number	2. Exact name of the Corporation		
000553233	SLATERSVILLE PARTNERS, INC.		
3. Principal Office Address	City	State	Zip
719 FRONT STREET, SUITE 103	WOONSOCKET	RI	02895
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: OWN AND OPERATE REAL ESTATE		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MELISSA FLAHERTY			Vice-President Name: JOSEPH F. GARLICK, JR		
Street Address: 10 GREENE STREET			Street Address: 719 FRONT STREET, SUITE 103		
City: SLATERSVILLE	State: RI	Zip: 02876	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: GEORGE COSTA			Treasurer Name: NONE		
Street Address: 169 ALICE AVENUE			Street Address:		
City: WOONSOCKET	State: RI	Zip: 02895	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000.00	STK	$0.0100

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: JOSEPH F. GARLICK, JR

Date: 7-30-20

Signature of Authorized Representative: X _____ 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

FILED
JUL 30 2020
2:56
BY RQDAR

FORM 630 - Revised: 10/2017