	•	202057306540	Date: 9/2:	2/2020 12:	32:00 F	PM _		
State of Rhode Island  Department of		ess Services I	Division				•	
Annual Report for the			Di Violoti				R.I. DEP SUC BUS SUC 2021 SEP 22	
Corporation  → Filing period: January 1 - March 1			_				THE STATE OF	
→ Filing Fee: \$50.00							22 4594	
→ Penalty: Additional \$25.0							B 000	
1. Entity ID Number 000052185		e of the Corporation E PROPERTIES IN						
	TORKSHIR	City   State   Zip						
3. Principal Office Address 61. GOLOSKIE ROAD			CHEPACHET			RI	02814	
4. NAICS Code 6. Brief description of the charact					hode Isla			
531390	·	REAL ESTATE DEVELOPMENT						
5. State of Incorporation	REAL ESTA	REAL ESTATE DEVELOPMENT						
RHODE ISLAND								
7. List ALL officers (names and	l addresses)			(	Check the	e box to in	ndicate an attachment	
President Name RICHARD R. O'KEEFE			Vice-President Name					
Street Address 61 GOLOSKIE ROAD			Street Address					
City CHEPACHET	State RI	Z <sub>IP</sub> 02814	City		<i>.</i>	State	Zıp	
Secretary Name RICHARD R. C	Treasurer Nan	Treasurer Name						
Street Address 61 GOLOSKIE F	Street Address	Street Address						
Сіту СНЕРАСНЕТ	State RI	Zip 02814	City			State	Zip	
8. List ALL directors (names ar Director Name	nd addresses)		Director Name		Check th	e box to i	ndicate an attachment	
RICHARD R. O KEEPE								
Street Address 61 GOLOSKIE ROAD			Street Address					
CHEPACHET	State RI	Zip 02814	City			State	Zip	
Director Name			Director Name	Director Name				
Street Address	Street Address	Street Address						
City	State	Zip	City			State	Zip	
9. Shares Authorized	rain and in the	10. Shares Is	SUED SE SHARES		Check th	e box to i	ndicate an attachment  PAR VALUE	
This information is currently of record in the Department of State.  Changes require an additional filing.		100			0			
11. This report must be execut trustee, this report must be exe					e corpora	ition is in	the hands of a receiver o	
Under penalty of perjury, I de	eclare and affirm	that I have examir	ned this report, i		accomp	anying s	chedules and	
statements, and that all statements contained herein are true at Name of Authorized Representative			a correct.			Date		
RICHARD R. O'KEEFE					09/18/2020			
Signature of Authorized Repre	sentative		FIL					
MAIL TO:			SFP 2	2 2020	- , \		۰۸.	

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 64-630 P. W. 630 P. W. 630 P. FÖRM 630 - Revised: 08/2020