



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2020 OCT 15 P 2:50 AM

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.

1. Entity ID Number 000788794		2. Exact name of the Corporation Bristol Realty Inc.												
3. Principal Office Address 7 Wapping Drive			City Bristol	State RI	Zip 02809									
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island The corporation is in business to help buyers and sellers find homes to purchase.												
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 Lisa Foster Pacheco			Vice-President Name Lisa Foster Pacheco											
Street Address 7 Wapping Drive			Street Address 7 Wapping Drive											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
Secretary Name Lisa Foster Pacheco			Treasurer Name Lisa Foster Pacheco											
Street Address 7 Wapping Drive			Street Address 7 Wapping Drive											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Lisa Foster Pacheco			Director Name											
Street Address 7 Wapping Drive			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 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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	CNP	0												
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 Lisa Foster Pacheco				Date 10/14/2020										
Signature of Authorized Representative 														

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

OCT 15 2020

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FORM 630 - Revised: 08/2020