RI SOS Filing Number: 202064991070

Date: 10/15/2020 2:22:00 PM

R.I. DEPT. OF STATE BUS SVOS DIV



State of Rhode Island

Department of State - Business Services Division

2020 OCT 15 P 2 30 TAMP

Annual Report for the year: 2015 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact name	0 fee if form is not filed by April 1. 2. Exact name of the Corporation					
000788794	Bristol Real	•					
3. Principal Office Address 7 Wapping Drive			City Bristol		State RI	Zip 02809	
4. NAICS Code 531210		•	cter of business con s to help buyers and				
5. State of Incorporation Rhode Island		t.					
7. List ALL officers (names a	and addresses)	······································			he box to indi	cate an attachment L	
President Name Lisa Foster	Vice-President Name Lisa Foster Pacheco						
Street Address 7 Wapping I	Street Address 7 Wapping Drive						
City Bristol	State RI	Zip ₀₂₈₀₉	City Bristol		State RI	Zip 02809	
ecretary 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	Z _' p 02809	
8. List ALL directors (names	and addresses)	·		Check 1	he box to indi	cate an attachment	
Director Name LIsa Foster F	Pacheco	:	Director Name				
Street Address 7 Wapping I	Street Address						
City Bristol	State RI	Zip 02809	City		State	Zip	
Director Name		 	Director Name		1		
treet Address			Street Address				
City	State	Zip	City		State	Zip	
). Shares Authorized		, 10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		100	OF SHARES	CIASS/SERIES CNP	 -	PAR VALUE	
Changes require an additions	al filing.	*					
11. This report must be executed trustee, this report must be Under penalty of perjury, a statements, and that all st	executed on behalf of I declare and affirm t	the corporation by hat I have examin	the receiver or trust red this report, inc.	tee.			
Name of Authorized Repres Lisa Foster Pacheco	•	Date 10/14/2020		0			
Signature of Authorized Rep	presentative /	\sim			1		
1. 1	1	The	· · · · · · · · · · · · · · · · · · ·	FILED			
		<u></u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020