



State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 OCT 15 P 2:30

Annual Report for the year: 2014

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 ☐					
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 ☐					
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			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 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2635
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 15 2020

K. BLUYN
2.21

FORM 630 - Revised: 08/2020