



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

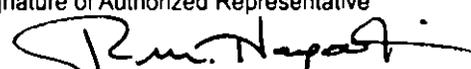
Annual Report for the year: 2021
Corporation

FILED

JAN 12 2021 *DL*

RV 1227

- 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 10339		2. Exact name of the Corporation Seventy-Five Corp.			
3. Principal Office Address 1000 Chapel View Boulevard, Suite 220			City Cranston	State RI	Zip 02920
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate management and ownership.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Harpootian			Vice-President Name		
Street Address 1000 Chapel View Boulevard, Suite 220			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name John M. Harpootian			Treasurer Name John M. Harpootian		
Street Address 1000 Chapel View Boulevard, Suite 220			Street Address 1000 Chapel View Boulevard, Suite 220		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		10		Class A Common	
		990		Class B Common	
		PAR VA: UE		No Par Value	
				No Par Value	
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 John M. Harpootian					Date 1/6/21
Signature of Authorized Representative 			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