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State of Rhode Island

Department of State - Rusiness Services Division

Annual Report for the y Corporation		ss services i	—				
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 	RECEIVED R.I. DEPT. OF STATE R.I. SUCS DIV						
1. Entity ID Number		of the Corporation	1				
42859	C & P REALT	Y, INC.	7021 FEB 22 A 10: 41				
Principal Office Address 7 MALLARD COVE WAY			City	City BARRINGTON		Zip 02806	
A. NAICS Code 331110 5. State of Incorporation RI	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPEMENT						
7. List ALL officers (names and a	ddresses)	 -		Check	the box to inc	licate an attachment L	
President Name MICHAFL J. WINQUIST			Vice-President Name CARL A. WINQUIST				
Street Address 17 MALLARD COVE WAY			Street Address 38 MALLARD COVE WAY				
City BARRINGTON	State RI	Zip ₀₂₈₀₆	City BARRINGTON		State RI	^{Zip} 02806	
Secretary Name MICHAEL J. WINQUIST			Treasurer Name CARL A. WINQUIST				
Street Address 17 MALLARD COVE WAY			Street Address 38 MALLARD COVE WAY				
City BARRINGTON	State RI	Zip ₀₂₈₀₆	City BARRINGTON		State RI	Zip 02806	
8. List ALL directors (names and	addresses)			Check	the box to ind	licate an attachment	
Director Name NONE			Director Name NONE				
Street Address			Street Addres	S			
City	State	Zip	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City	.	State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu			eck 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/SERIL		PAR VALUE	
		200		COMMON		NO PAR VALUE	
11. This report must be executed trustee, this report must be execu	on behalf of the co	proporation by an are	uthorized repres	sentative. If the corpo	oration is in the	e hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statements	ere and affirm the ents contained he	t i have examine	d this report, i	ncluding any accor	npanying sch	edules and	
Name of Authorized Representati	, - ., <u></u>		Date				
CARL A. WINQUIST, VICE-PR					FEBRUAR	Y 22, 2021	
Signature of Authorized Represer	water of the	w B	į	FILED			
MAIL TO:		<u> </u>	F	EB 2 2 2021 /	1.4		

Division of Business Services

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

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