



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

1. Entity ID Number <b>3338</b>		2. Exact name of the Corporation <b>C.W.A. REALTY INC.</b>		2021 FEB 25 P 2:07	
3. Principal Office Address <b>404 Smithfield Ave.</b>			City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>
4. NAICS Code <b>236220</b>		6. Brief description of the character of business conducted in Rhode Island <b>VACANT</b>			
5. State of Incorporation <b>R.I.</b>		IT WAS AN OFFICE BUILDING FOR SELLING INS.			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ERNEST F. COIT III</b>			Vice-President Name <b>SAME</b>		
Street Address <b>275 GROTO AVE # 36</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME</b>			Director Name <b>SAME</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>300</b>		<b>0</b>
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 <b>ERNEST F. COIT III</b>				Date <b>2/22/21</b>	
Signature of Authorized Representative <b>Ernest F. Coit III</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

FILED

FORM 630 - Revised: 08/2020

FEB 25 2021  
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