RI SOS Filing Number: 202197923320 Date: 6/8/2021 4:00:00 PM

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.

STAMP

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BUS SVCS DIV
2021 JUN -8 A 11:50

1. Entity ID Number	2. Exact name of the Corporation			
022	American Products Realty			
3. Principal Office Address		**City**	**State**	**Zip**
165 Front St		Pawtucket	RI	02860
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
531390	Buying, Selling, developing and managing all kinds of Real estate			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Peter Vetar	Coty Vetar
Street Address: 165 Front St	Street Address: 165 Front St
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 02860
Secretary Name	**Treasurer Name**
John D. Biafore	Peter Vetar
Street Address: 498A Broadway	Street Address: 165 Front St
City: Providence State: RI Zip: 02909	City: Pawtucket State: RI Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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: PETER VETAR — Date: 6/8/21

Signature of Authorized Representative

FILED
JUN 08 2021
BY CA1571F5

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

FORM 630 - Revised: 08/2020