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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

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$\rightarrow$	Filing	period:	February	1	-	May	1
-		•	•			,	

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

Penaity. Additional \$25.00 i	ee ii iomi is no	Tiled by May 31.									
Entity ID Number	2. Exact name of the Corporation										
0004178	FRANK	W. CHRISTY	r, incori	PORATED							
Principal Office Address		City		State	Zıp						
48 Wayside Drive			Cranstor	1	RI 0292	0					
4. NAICS Code	Brief description of the character of business conducted in Rhode Island										
531110	Real estate rentals, ownership and management										
5. State of Incorporation	1										
RI											
7. List ALL officers (names and addresses)  Check the box to indicate an attachment											
President Name John B. Christ		Vice-President Name None									
Street Address 48 Wayside Dr		Street Address									
<sup>City</sup> Cranston	State RI	<sup>Z<sub>iP</sub></sup> 02920	City	State		Zıp					
Secretary Name John B. Christ	•	Treasurer Name John B. Christy, III									
Street Address 48 Wayside Dr	Street Address 48 Wayside Drive										
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cranston		State RI	<sup>Zıp</sup> 02920					
8. List ALL directors (names and a	iddresses)		······································		the box to ind	icate an attachment 🔲					
Director Name John B. Christy, III			Director Name								
Street Address 48 Wayside Dr	Street Address										
<sup>City</sup> Cranston	State RI	<sup>Ζιρ</sup> 02920	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  C.ASS/SERIES PAR VALUE							
This information is currently of record in the Department of State.  Changes require an additional filing.		870		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 execut					nnanving ech	edules and					
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	Date	Date									
John B. Christy, III	February 7, 2023										
Signature of Authorized Represen	tative / 11	<b>ブ</b>									

MAIL TO:

MAIL TO:
Division of Bosiness Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov