



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

APR 20 2023 STAMP

**Annual Report for the year: 2023**  
**Corporation**

465502

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>103739</b>		2. Exact name of the Corporation <b>Main Street Phase III Development Corp.</b>				
3. Principal Office Address <b>1029 Mendon Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>To buy, sell, own, develop and manage real estate.</b>				
5. State of Incorporation <b>RI</b>						
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>Paul Gagne</b>			Vice-President Name <b>Edward Mulholland</b>			
Street Address <b>1029 Mendon Road</b>			Street Address <b>1029 Mendon Road</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
Secretary Name <b>Peter Bouchard</b>			Treasurer Name <b>Dan Ouellette</b>			
Street Address <b>1029 Mendon Road</b>			Street Address <b>1029 Mendon Road</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<b>0</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.						
<b>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.</b>						
Name of Authorized Representative <b>Peter Bouchard</b>				Date <b>3/21/2023</b>		
Signature of Authorized Representative <i>Peter Bouchard</i>						