



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

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

FILED
MAY 10 2024
BY *712756*

1. Entity ID Number 00002030		2. Exact name of the Corporation BAS Realty Corp	
3. Principal Office Address 344 George Washington Highway		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 531311	6. Brief description of the character of business conducted in Rhode Island To engage in acquiring, holding, using, managing, building, iporoving, leasing, and mortgaging.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arthur Mercure		Vice-President Name Paul Mercure	
Street Address 37 Dickinson Avenue		Street Address 37 Dickinson Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Deborah Mercure		Treasurer Name Deborah Mecure	
Street Address 37 Dickinson Avenue		Street Address 37 Dickinson Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Arthur Mercure		Director Name Deborah Mercure	
Street Address 37 Dickinson Avenue		Street Address 37 Dickinson Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Director Name Paul Mercure		Director Name	
Street Address 37 Dickinson Avenue		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 400.00	CLASS/SERIES CNP
		PAR VALUE \$0.000	
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 Deborah Mercure		Date 05-06-2024	
Signature of Authorized Representative <i>Deborah Mercure</i>			