



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSI  
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Annual Report for the year: 2017  
Corporation

- 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>2704</b>		2. Exact name of the Corporation <b>BOWDOIN REALTY INC</b>			
3. Principal Office Address <b>16 BROAD STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</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>ESTATE OF WILLIAM W JONAH</b>			Vice-President Name		
Street Address <b>16 BROAD STREET</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name			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			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		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		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>COMMON</b>	<b>NONE</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>JENN FREDETTE</b>				Date <b>10/10/2024</b>	
Signature of Authorized Representative 				<b>OCT 22 2024</b>	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

BY JBYK  
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