



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
FEB 12 2025
 BY 1277
 EG

1. Entity ID Number 10339		2. Exact name of the Corporation Seventy-Five Corp.			
3. Principal Office Address 1000 Chapel View Boulevard, Suite 220			City Cranston	State RI	Zip 02920
4. NAICS Code 51110		6. Brief description of the character of business conducted in Rhode Island Real estate management and ownership.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Harpootian			Vice-President Name		
Street Address 1000 Chapel View Boulevard, Suite 220			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name John M. Harpootian			Treasurer Name John M. Harpootian		
Street Address 1000 Chapel View Boulevard, Suite 220			Street Address 1000 Chapel View Boulevard, Suite 220		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			10	Class A Common	No Par Value
			990	Class B 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 John M. Harpootian				Date 2/5/25	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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