



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 3082		2. Exact name of the Corporation BULLOCKS POINT REALTY, INC.			
3. Principal office address 257 BULLOCKS POINT AVENUE		City RIVERSIDE	State RI	Zip 02915	
4. Business Phone No. 433-9825		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name WILLIAM A. ROUGAS			Vice-President Name WILLIAM A. ROUGAS		
Street Address 344 COMSTOCK PARKWAY			Street Address 344 COMSTOCK PARKWAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name KOULA ROUGAS			Treasurer Name WILLIAM A. ROUGAS		
Street Address 344 COMSTOCK PARKWAY			Street Address 344 COMSTOCK PARKWAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name WILLIAM A. ROUGAS			Director Name NONE		
Street Address 344 COMSTOCK PARKWAY			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	NO PAR VALUE

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.

File Date _____
 Check No _____
 By: _____

FILED
 FEB 06 2013
 4796

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.

William A. Rougas
 Signature of Authorized Representative
 Date **1/22/13**

FOR SECRETARY OF STATE USE ONLY

WILLIAM A. ROUGAS, President
 Print or Type Name of Authorized Representative