



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUL 22 PM 1:48

Annual Report for the year: 2016

Corporation

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

*Amended*

1. Entity ID Number <b>000010650</b>		2. Exact name of the Corporation <b>Shawmut Realty Company</b>			
3. Principal Office Address <b>39 1/2 Wedgewood Dr Suite 238</b>			City <b>Jewett City</b>	State <b>CT</b>	Zip <b>06351</b>
4. Business Phone Number <b>860.908.3144</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE LESSOR</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Steve A. MATTERA</b>			Vice-President Name <b>SAME</b>		
Street Address <b>1739 Glasgow Rd</b>			Street Address		
City <b>Gaiswold</b>	State <b>CT</b>	Zip <b>06351</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>SAME</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>No Par</b>	PAR VALUE <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>Steve A. MATTERA</b>				Date <b>06/20/16</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

