



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

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 144841		2. Exact name of the Corporation Linear Title & Closing, Ltd.			
3. Principal Office Address 127 John Clarke Road			City Middletown	State RI	Zip 02842
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To Provide Real Estate Title and Closing Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nick Liuzza, Jr.			Vice-President Name		
Street Address 127 John Clarke Road			Street Address		
City Middletown	State RI	Zip 02840	City	State	Zip
Secretary Name Mark B. Bardorf			Treasurer Name Todd E.A. Costa		
Street Address 36 Washington Square			Street Address 127 John Clarke Road		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nick Liuzza, Jr.			Director Name Mark B. Bardorf		
Street Address 127 John Clarke Road			Street Address 36 Washington Square		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Steve Katz			Director Name Nathan Chandler		
Street Address 127 John Clarke Road			Street Address 127 John Clarke Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02840
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
		13,297		NONE	\$1.00
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 MARK B. BARDORF					Date 1/31/17
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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

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FEB 01 2017

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