



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

ANNUAL REPORT FOR THE YEAR 2018
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 Corporate ID No 001669208 | | 2 Name of Corporation 695 Eddy Properties, Inc. | | | |
| 3 Street Address Principal Business Office P.O. Box 6768 | | | City Providence | State RI | Zip 02904 |
| 4 NAICS Code 531312 | | 5 State of Incorporation Rhode Island | | | |
| 6 Brief Description of the Character of Business Conducted in Rhode Island real estate management | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael W. McAllister | | | Vice President Name | | |
| Street Address P.O. Box 6768 | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name Michael W. McAllister | | | Treasurer Name Michael W. McAllister | | |
| Street Address P.O. Box 6768 | | | Street Address P.O. Box 6768 | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| 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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 100 common shares | Class Series \$0.01 par value | 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.

Signature:

Date: **3-7-18**

Michael W. McAllister
Print or Type Name

FILED

President
Title

MAR 15 2018

BY **1258 DS**