



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2019**
 Corporation

2019 JAN 31 AM 9:38

- 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 10788		2. Exact name of the Corporation Property Regency Corporation			
3. Principal Office Address 4 Cathedral Square, Suite 1G			City Providence	State RI	Zip 02903
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island Acquiring, leasing, managing and selling real estate			
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 Robert R. Gaudreau, Sr.			Vice-President Name John B. Bentz		
Street Address 22 Briarbrooke Lane			Street Address 1 Fair Oaks Court, South		
City Cranston	State RI	Zip 02921	City Greenville	State RI	Zip 02828
Secretary Name Gretchen E. Maurer			Treasurer Name Gretchen E. Maurer		
Street Address PO Box 5922			Street Address PO Box 5922		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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/SLR/LS	PAR VALUE
		1,000		Common	No Par
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 Robert R. Gaudreau, Sr., President					Date 1/31/19
Signature of Authorized Representative <i>Robert R. Gaudreau</i>			SIGN DOCUMENT HERE		

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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 BY *cu ck# 7270*