



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

STAMP

FEB 24 2021

1005 PS

- 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 120955		2. Exact name of the Corporation Factory Street Development Corporation				
3. Principal Office Address 1029 Mendon Road			City Cumberland	State RI	Zip 02864	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To buy, sell, own, develop and manage real estate.				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Paul Gagne			Vice-President Name Edward Mulholland			
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
Secretary Name Peter Bouchard			Treasurer Name Lisa Audette			
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
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/SERIES	PAR VALUE	
		100			0	
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 <i>Peter Bouchard</i>				Date 2/19/21		
Signature of Authorized Representative <i>Peter Bouchard</i>						