



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 41399		2. Exact name of the Corporation Corbett Realty Inc			
3. Principal Office Address 101 Higginson Avenue Unit 107A			City Lincoln	State RI	Zip 02865
4. NAICS Code 53110 53110		6. Brief description of the character of business conducted in Rhode Island To sell + buy real estate in the corporate name as well as to represent others in the purchasing + selling of real estate to represent others in the sale, lease or engage in the real estate business pursuant to rental of real estate + other lawful purpose			
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 Kathleen Ann Pacheco Corbett			Vice-President Name Kathleen Ann Pacheco Corbett		
Street Address 304 New River Rd Apt 1			Street Address 304 New River Rd Apt 1		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Kathleen Ann Pacheco Corbett			Treasurer Name Kathleen Ann Pacheco Corbett		
Street Address 304 New River Rd Apt 1			Street Address 304 New River Rd Apt 1		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kathleen Ann Pacheco Corbett			Director Name		
Street Address 304 New River Rd Apt 1			Street Address		
City Manville	State RI	Zip 02838	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		PAR VALUE
			1000		No 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.					
Name of Authorized Representative <i>Kathleen Ann Pacheco Corbett</i>				Date 3/30/2023	
Signature of Authorized Representative					

FILED

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

MAR 30 2023
 BY ML MSZGZ