

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J81304 1. Entity Name BARRINGTON SOUTH REALTY CORP.	
--	---

Principal Place of Business 3 LEE ANN DR BARRINGTON, RI 02806 US	Mailing Address C/O KAREN G DELPONTE, ESQ 56 EXCHANGE TERRACE PROVIDENCE, RI 02903 US
--	---

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2829708	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOAH, DENIS ESQ HENDERSON, FRANKLIN, STARNES & HOLT, P.A. 1715 MONROE STREET FORT MYERS, FL 33901	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

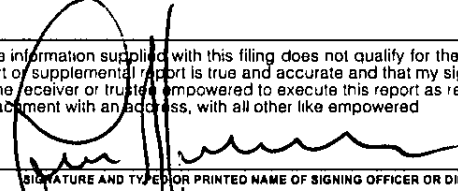
8. The above _____ admits to _____ the purpose of changing its registered office or registered agent, or both, in the State _____ Florida. I am familiar with, and accept the obligat _____ agent.	SIGNATURE _____ Sig. _____ printed name _____ applicable _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
--	---

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SURIANI, LEWIS J. 3 LEE ANN DR BARRINGTON, RI 02806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SURIANI, ROSEMARY 3 LEE ANN DR BARRINGTON, RI 02806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000807620
02/07/08-80015-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lewis J. Suriani, Pres	Date 1/23/08 Daytime Phone # _____
---	---	--