



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11844		2. Exact name of the Corporation MODERN REALTY CO., INC.			
3. Principal office address 1463 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 831-6940		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANK G. FERRI			Vice-President Name ANTHONY M. CAPARCO		
Street Address 38 LIPPITT AVE			Street Address 38 LIPPITT AVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name PHYLLIS R. SANTILLI			Treasurer Name DENISE L. FERRI		
Street Address 6 HAMILTON DR			Street Address 38 LIPPITT AVE		
City JOHNSTON	State RI	Zip 02919	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	COMMON	NO PAR VALUE

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 SECRETARY OF STATE
 CORPORATIONS DIV

FILED

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.

File Date **MAR 27 2012**

Check No _____

By: **1467**

FOR SECRETARY OF STATE USE ONLY

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] **3/28/12**
 Signature of Authorized Representative Date

FRANK G. FERRI, PRESIDENT

Print or Type Name of Authorized Representative