



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 2013

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. 18419		2. Exact name of the Corporation Redmond Realty, Inc.			
3. Principal office address 2 Redmond Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401-245-4749		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Property management					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard J. Valente			Vice-President Name Barbara A. Valente		
Street Address 36 Barden Lane			Street Address 36 Barden Lane		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Rebecca J. Fikiet			Treasurer Name Richard J. Valente		
Street Address 14 Patience Lane			Street Address 36 Barden Lane		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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
			3025	Common	No Par

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 _____

FILED

Check No _____

By: _____

JAN 08 2013

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.

Rebecca J. Fikiet
 Signature of Authorized Representative

1/6/2013
 Date

Rebecca J. Fikiet

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

BY *mmc*

CR # 10588