



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. 36272		2. Exact name of the Corporation ALLIED REALTY COMPANY, INC.			
3. Principal office address 491 Kilvert Street			City Warwick	State RI	Zip 02886
4. Business Phone No. 738-5700			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island food preparation, processing, distribution, operation of restaurants, purchase of real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name EDMUND D. FULLER, III			Vice-President Name WILLIAM R. FULLER		
Street Address 491 Kilvert Street			Street Address 491 Kilvert Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name WILLIAM R. FULLER/Ass't Sec. JOHN D. BIAFORE			Treasurer Name EDMUND D. FULLER, III		
Street Address 491 Kilvert Street / 123 Dyer Street, Suite 3B			Street Address 491 Kilvert Street		
City Warwick/Providence	State RI / RI	Zip 02886/ 02903	City Warwick	State RI	Zip 02886/ 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name EDMUND D. FULLER, III			Director Name		
Street Address 491 Kilvert Street			Street Address		
City Warwick	State RI	Zip 02886	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

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 _____
 Check No _____
 By: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 31 2013
 7597

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.

Edmund D Fuller III 1-24-13
 Signature of Authorized Representative Date

EDMUND D. FULLER, III

Print or Type Name of Authorized Representative