



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. 74960		2. Exact name of the Corporation Emery Realty, Inc.			
3. Principal office address 151 Fountain Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-725-5680			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own, manage and operate real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Emery			Vice-President Name Robert Emery		
Street Address 235 West Wrentham Road			Street Address 1839 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name David Emery			Treasurer Name Donna Rowey		
Street Address 235 West Wrentham Road			Street Address 180 West Wrentham Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Emery			Director Name Donna Rowey		
Street Address 1839 Diamond Hill Road			Street Address 180 West Wrentham Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name David Emery			Director Name		
Street Address 235 West Wrentham Road			Street Address		
City Cumberland	State RI	Zip 02864	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
			225	Common	No

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 18 2013
BY 1163

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.

Donna Rowey 3/14/13
 Signature of Authorized Representative Date

Donna Rowey
 Print or Type Name of Authorized Representative