



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 2014

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. 90473		2. Exact name of the Corporation Orion Realty, Inc.			
3. Principal office address 365 Smith Street Suite 2		City Providence		State RI	Zip 02908
4. Business Phone No. 401-331-1570		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, operate, manage, and maintain commercial property, included, without limitation, rental of said property. Title: 7-1.1-51					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Louis Federici			Vice-President Name David A. Calvi		
Street Address 365 Smith Street Suite 2			Street Address 365 Smith Street Suite 2		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name David A. Calvi			Treasurer Name Louis Federici		
Street Address 365 Smith Street Suite 2			Street Address 365 Smith Street Suite 2		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Louis Federici			Director Name David A. Calvi		
Street Address 365 Smith Street Suite 2			Street Address 365 Smith Street Suite 2		
City Providence	State RI	Zip 029058	City Providence	State RI	Zip 02908
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
			1000	STK	\$ 0.00

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

Form No. 630
Revised: 01/2012

FILED

DEC 31 2013

BY

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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 of Authorized Representative

Date

Louis Federici, President

Print or Type Name of Authorized Representative