



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. <u>59572</u>		2. Exact name of the Corporation <u>Trump Realty Corp.</u>	
3. Principal office address <u>5 Remington ST.</u>		City <u>N. Providence</u>	State <u>RI</u>
4. Business Phone No. <u>401 725-9275</u>		Zip <u>02904</u>	
5. State of Incorporation <u>Rhode Island</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Gerald Tramontano</u>		Vice-President Name <u>Evelyn Tramontano</u>	
Street Address <u>5 Remington ST.</u>		Street Address <u>Same</u>	
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name <u>Evelyn Tramontano</u>		Treasurer Name <u>Gerald Tramontano</u>	
Street Address <u>5 Remington ST.</u>		Street Address <u>Same</u>	
City <u>N. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	
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	
Director Name		Director Name	
Street Address		Street Address	
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
		<u>100</u>	<u>Common</u>
		PAR VALUE	<u>No Par Value</u>

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 19 2014

BY 3195

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.

Evelyn Tramontano 3/10/14  
Signature of Authorized Representative Date

Evelyn Tramontano  
Print or Type Name of Authorized Representative