



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>56497</u>		2. Exact name of the Corporation <u>ROY REALTY INC</u>	
3. Principal office address <u>110 ARMISTICE BLVD</u>		City <u>PAWT</u>	State <u>RJ</u>
		Zip <u>02861</u>	
4. Business Phone No. <u>401-439-6567</u>		5. State of Incorporation <u>RJ</u>	
6. Brief description of the character of business conducted in Rhode Island <u>PEAK ESTATE SALES & APPRAISALS</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>CAROL A ROY</u>		Vice-President Name <u>SAME</u>	
Street Address <u>44 ASH BURNING ST</u>		Street Address	
City <u>PAWT</u>	State <u>RI</u>	Zip <u>02861</u>	
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>	
Street Address		Street Address	
City	State	Zip	
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>180</u>	
		PAR VALUE	<u>0</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.

FILED
 File Date: _____
 Check No: JUL 08 2014
 By: 2250
 FOR SECRETARY OF STATE USE ONLY

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: Carol A Roy
 Date: 6/1/2014