



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.<br><b>65233</b>   |                    | 2. Exact name of the Corporation<br><b>GENSE REALTY, INC.</b> |   |                    |                     |
| 3. Principal office address<br><b>17 WELLS STREET</b>  |                    |   | City<br><b>WESTERLY</b>                             | State<br><b>RI</b> | Zip<br><b>02891</b> |
| 4. Business Phone No.  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>              |   |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>OWNING AND HOLDING OF REAL ESTATE</b>                                    |                    |   |   |                    |                     |
| <b>LIST ALL OFFICERS (NAMES AND ADDRESSES) IN BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>   |                    |   |   |                    |                     |
| President Name<br><b>RONALD J. SERRA</b>   |                    |   | Vice-President Name<br><b>BARBARA A. GENCARELLA</b> |                    |                     |
| Street Address<br><b>17 WELLS STREET</b>   |                    |   | Street Address<br><b>17 WELLS STREET</b>            |                    |                     |
| City<br><b>WESTERLY</b>  | State<br><b>RI</b> | Zip<br><b>02891</b>   | City<br><b>WESTERLY</b>                             | State<br><b>RI</b> | Zip<br><b>02891</b> |
| Secretary Name<br><b>RONALD J. SERRA</b>   |                    |   | Treasurer Name<br><b>BARBARA A. GENCARELLA</b>      |                    |                     |
| Street Address<br><b>17 WELLS STREET</b>   |                    |   | Street Address<br><b>17 WELLS STREET</b>            |                    |                     |
| City<br><b>WESTERLY</b>  | State<br><b>RI</b> | Zip<br><b>02891</b>   | City<br><b>WESTERLY</b>                             | State<br><b>RI</b> | Zip<br><b>02891</b> |
| <b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN BOX FOR ATTACHMENT</b> <input type="checkbox"/>   |                    |   |   |                    |                     |
| Director Name  |                    |   | Director Name                                       |                    |                     |
| Street Address   |                    |   | Street Address                                      |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| Director Name  |                    |   | Director Name                                       |                    |                     |
| Street Address   |                    |   | Street Address                                      |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| <b>ISS AUTHORIZED</b> <input type="checkbox"/> <b>NO SHARES ISSUED</b> <input checked="" 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           |
|  |                    |   | 100 SHARES  | 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.

**FILED**

**JUL 21 2014**

BY 9613

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 [Signature] Date 7/18/14

Print or Type Name of Authorized Representative Michael P Lynch Esquire