



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 2015

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>824 Charles St. 5 Remington N. Providence</u>		City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	
4. Business Phone No. <u>401 725-9275</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Rental Properties</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Gerald Tramontano</u>			Vice-President Name		
Street Address <u>5 Remington ST</u>			Street Address		
City <u>N. Prov.</u>	State <u>R.I.</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>Evelyn Tramontano</u>			Treasurer Name		
Street Address <u>Same address as above</u>			Street Address		
City <u>"</u>	State <u>"</u>	Zip <u>"</u>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			<u>100</u>	<u>Common</u>	<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

APR 09 2015

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
Signature of Authorized Representative

3/20/15
Date

Evelyn Tramontano
Print or Type Name of Authorized Representative