



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River  
Providence, RI 02904-2611  
401.222.3044

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>132705</b>		2. Name of Corporation <b>I. E. REALTY, INC.</b>		
3. Street Address Principal Business Office <b>P.O. Box 20498</b>			City <b>Cranston,</b>	State <b>RI</b>
			Zip <b>02920</b>	
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>LAND HOLDING COMPANY</b>				
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: (SEE BOX FOR ATTACHMENT) FILE IN SPACES BEHIND REPORT USING ALPHA CHARACTERISTICS</b>				
President Name <b>Joseph P. Izzo</b>		Vice President Name <b>Audrey R. Elman</b>		
Street Address <b>P.O. Box 20498</b>		Street Address <b>P.O. Box 20498</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	Zip <b>02920</b>
Secretary Name <b>Audrey R. Elman</b>		Treasurer Name <b>Joseph P. Izzo</b>		
Street Address <b>P.O. Box 20498</b>		Street Address <b>P.O. Box 20498</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	Zip <b>02920</b>
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: (SEE BOX FOR ATTACHMENT) FILE IN SPACES BEHIND REPORT USING ALPHA CHARACTERISTICS</b>				
Director Name <b>N/A</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
<b>9. SHARES AUTHORIZED: (SEE BOX FOR ATTACHMENT) FILE IN SPACES BEHIND REPORT USING ALPHA CHARACTERISTICS</b>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>-200-</b>	<b>common</b>
				<b>no par value</b>
			<b>THIS SECTION MUST BE COMPLETED</b>	

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**

\*132705\*

JAN 21 2016

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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: **Joseph P. Izzo** Date: **1-15-16**

Print or Type Name: **President**

Title

File Date: **BY**

Check No.:

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