



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

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

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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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