



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 **2016**

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. 19963		2. Exact name of the Corporation Integrity Investments, Inc.			
3. Principal office address 140 Reservoir Avenue		City Providence	State RI	Zip 02907	
4. Business Phone No. 401-941-2292		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island general real estate buying, selling, improving, etc.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donald S. Smith			Vice-President Name		
Street Address 38 Firglade Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Douglas H. Smith			Treasurer Name Douglas H. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Douglas H. Smith			Director Name Donald S. Smith		
Street Address 140 Reservoir Avenue			Street Address 38 Firglade Drive		
City Providence	State RI	Zip 02907	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
			600	common	no par

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

FEB 01 2016

By KL 10937

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

Date

Donald S. Smith

Print or Type Name of Authorized Representative