



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

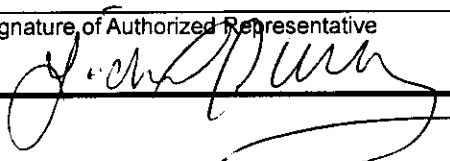
Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
SECRETARY OF STATE
CORPORATIONS DIV

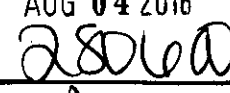
2016 AUG -4 AM 9:47

1. Entity ID Number 000095968		2. Exact name of the Corporation INTREPID REALTY & RELOCATION GROUP, INC.			
3. Principal Office Address 37 Mill Street		City Newport		State RI	Zip 02840
4. Business Phone Number 401 846 0005		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate and Relocation Services					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael J. Murray			Vice-President Name Paula G. Murray		
Street Address 37 Mill Street			Street Address 37 Mill Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Michael J. Murray			Treasurer Name Michael J. Murray		
Street Address 37 Mill Street			Street Address 37 Mill Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael J. Murray			Director Name		
Street Address 37 Mill Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	\$0.00	
11. 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. 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.					
Name of Authorized Representative Michael J. Murray, President				Date July 30, 2016	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

AUG 04 2016

By



A.A. 9:49 A.M.

FORM 630 - Revised: 05/2016

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov