RI SOS Filing Number: 201603243210 Date: 08/04/2016 9:49 AM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000095968	INTREPID REALTY & RELOCATION GROUP, INC.			
3. Principal Office Address		City	State	Zip
37 Mill Street		Newport	RI	02840
4. Business Phone Number		5. State of Incorporation		
401 846 0005		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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	$0.00
Changes require an additional filing.			

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	Date
Michael J. Murray, President	July 30, 2016

Signature of Authorized Representative: J. Michael Murray, President SIGN DOCUMENT HERE

FILED
AUG 04 2016
By 28060
A.A. 9:49A.M.

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

140531-2-1130238

FORM 630 - Revised: 05/2016