



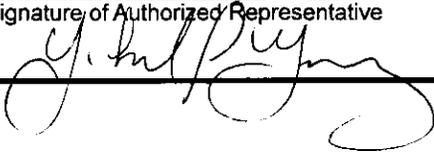
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2015  
**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 <b>000095968</b>		2. Exact name of the Corporation <b>INTREPID REALTY &amp; RELOCATION GROUP, INC.</b>			
3. Principal Office Address <b>37 Mill Street</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone Number <b>401 846 0005</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate and Relocation Services</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael J. Murray</b>		Vice-President Name <b>Paula G. Murray</b>			
Street Address <b>37 Mill Street</b>		Street Address <b>37 Mill Street</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Michael J. Murray</b>		Treasurer Name <b>Michael J. Murray</b>			
Street Address <b>37 Mill Street</b>		Street Address <b>37 Mill Street</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Michael J. Murray</b>		Director Name			
Street Address <b>37 Mill Street</b>		Street Address			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>\$0.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Michael J. Murray, President</b>				Date <b>July 30, 2016</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

**FILED**  
 AUG 04 2016  
 By 28060  
 A.A. 9:48 A.M.