



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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 163193		2. Exact name of the Corporation SHELBY REALTY, INC.			
3. Principal Office Address 24 Armand Way		City Hope		State RI	Zip 02831
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jennifer Martini			Vice-President Name Wayne Martini		
Street Address 24 Armand Way			Street Address 24 Armand Way		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Wayne Martini			Treasurer Name Jennifer Martini		
Street Address 24 Armand Way			Street Address 24 Armand Way		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jennifer Martini			Director Name Wayne Martini		
Street Address 24 Armand Way			Street Address 24 Armand Way		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
200		Common		No Par Value	
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 Jennifer Martini			Date 23 17		
Signature of Authorized Representative <i>Jennifer Martini</i>			FILED JAN 27 2017		

MAIL TO:
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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016