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 | 2. Exact name of the Corporation |
|---|---|
| 163193 | SHELBY REALTY, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 24 Armand Way | Hope | RI | 02831 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 53 - Real Estate and Rental and | 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 | 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.** | 200 | Common | No Par Value |
| **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: **Jennifer Martini** — Date: 1.23.17

Signature of Authorized Representative: Jennifer Martini

FILED
JAN 27 2017
BY

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