




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 35416		2. Exact name of the Corporation A.I. Realty Corp.			
3. Principal Office Address 5 Energy Way		City West Warwick		State RI	Zip 02893
4. NAICS Code 53 - Real Estate and Rental anc	6. Brief description of the character of business conducted in Rhode Island Rental real estate.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James V. Murphy			Vice-President Name Michael J. Murphy		
Street Address 4951 Bacopa Lane South, Unit 601			Street Address 2359 Division Road		
City St. Petersburg	State FL	Zip 33715	City East Greenwich	State RI	Zip 02818
Secretary Name James R. Murphy			Treasurer Name Michael J. Murphy		
Street Address 28 Ladderlook Road			Street Address 2359 Division Road		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
5		voting common		no par value	
95		nonvotingcommon		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 Michael J. Murphy, Vice President				Date 1-26-17	
Signature of Authorized Representative 					

FILED

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

FEB 03 2017

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FORM 630 - Revised: 10/2016