



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 15906		2. Exact name of the Corporation Warren Realty Corporation			
3. Principal Office Address 239 Water St			City Warren	State RI	Zip 02885
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Real property ownership and management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward Jamiel			Vice-President Name		
Street Address 6 Bay View Ave			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Edward Jamiel			Treasurer Name Anissa Polando		
Street Address 6 Bay View Ave			Street Address 31 Kispert CT		
City Bristol	State RI	Zip 02809	City North Swanse	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward Jamiel			Director Name Anissa Polando		
Street Address 6 Bay View Ave			Street Address 31 Kispert CT		
City Bristol	State RI	Zip 02809	City North Swansea	State MA	Zip 02777
Director Name Zenobia Paulhardt			Director Name Lily Jamiel		
Street Address P.O. Box 53			Street Address 82 Union St		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		88		Common	
				No Par	
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 Edward Jamiel				Date 2-8-2017	
Signature of Authorized Representative <i>Edward A. Jamiel</i>					

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

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