



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 577		2. Exact name of the Corporation ALBA REALTY, INC.			
3. Principal Office Address 10 Old Jenckes Hill Road			City Lincoln	State RI	Zip 02865
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 <input type="checkbox"/>					
President Name Aldo A. Albanese			Vice-President Name Teena M. Bertrand		
Street Address 37 East Lantern Road			Street Address 6 Albert Drive		
City Smithfield	State RI	Zip 02917	City Johnston	State RI	Zip 02919
Secretary Name Chris M. Albanese			Treasurer Name Chris M. Albanese		
Street Address 10 Old Jenckes Hill Road			Street Address 10 Old Jenckes Hill Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Aldo H. Albanese			Director Name None		
Street Address 30 Pinecrest Drive			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 200	CLASS/SERIES Common	PAR VALUE 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 Aldo A. Albanese				Date ✓ 1-29-17	
Signature of Authorized Representative 					

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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