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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.

STAMP

FOR

1. Entity ID Number	2. Exact name of the Corporation			
9550	**Don-Ed Realty Corp.**			
3. Principal Office Address		City	State	Zip
1785 Post Road		**Warwick**	**RI**	**02886**
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 **Donna Rizzo**			Vice-President Name **Donna Rizzo**		
Street Address **101 Plaza Real South, Apt 305**			Street Address **101 Plaza Real South, Apt # 305**		
City **Boca Raton**	State **Fl**	Zip **33432**	City **Boca Raton**	State **FL**	Zip **33432**
Secretary Name **Donna Rizzo**			Treasurer Name **Donna Rizzo**		
Street Address **101 Plaza Real South, Apt # 305**			Street Address **101 Plaza Real South, Apt # 305**		
City **Boca Raton**	State **FL**	Zip **33432**	City **Boca Raton**	State **FL**	Zip **33432**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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
100	**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	Date
Donna Rizzo	3-7-17

Signature of Authorized Representative: Donna Rizzo

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

FILED
MAR 15 2017
BY 82530S

FORM 630 - Revised: 10/2016