



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2018  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**  
 JAN 05 2018  
 BY 1251 *ea*

1. Entity ID Number <u>D90473</u>		2. Exact name of the Corporation <b>Orion Realty, Inc.</b>	
3. Principal Office Address <b>365 Smith Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908-3759</b>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <b>Realty Company/Professional Service Rentals</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Louis Federici</b>		Vice-President Name <b>David A. Calvi</b>	
Street Address <b>365 Smith Street</b>		Street Address <b>365 Smith Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908-3759</b>		Zip <b>02908-3759</b>	
Secretary Name <b>David A. Calvi</b>		Treasurer Name <b>Louis Federici</b>	
Street Address <b>365 Smith Street</b>		Street Address <b>365 Smith Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908-3759</b>		Zip <b>02908-3759</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>1000</b>	<b>stk</b>
		PAR VALUE	<b>\$ 0.00</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Louis Federici, President</b>		Date <b>January 2, 2018</b>	
Signature of Authorized Representative 			

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