



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

Annual Report for the year:
Corporation

2018

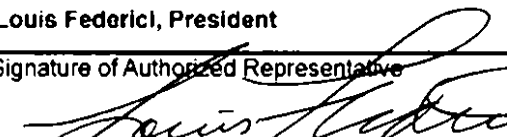
FILED

JAN 05 2018

BY

1251

ea

| | | | | | |
|---|--------------------|---|--|--------------------|--------------------------------|
| 1. Entity ID Number <u>090473</u> | | 2. Exact name of the Corporation Orion Realty, Inc. | | | |
| 3. Principal Office Address 365 Smith Street | | City Providence | | State RI | Zip 02908-3759 |
| 4. NAICS Code <u>531110</u> | | 6. Brief description of the character of business conducted in Rhode Island Realty Company/Professional Service Rentals | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Louis Federici | | | Vice-President Name David A. Calvi | | |
| Street Address 365 Smith Street | | | Street Address 365 Smith Street | | |
| City Providence | State RI | Zip 02908-3759 | City Providence | State RI | Zip 02908-3759 |
| Secretary Name David A. Calvi | | | Treasurer Name Louis Federici | | |
| Street Address 365 Smith Street | | | Street Address 365 Smith Street | | |
| City Providence | State RI | Zip 02908-3759 | City Providence | State RI | Zip 02908-3759 |
| 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 | | | | | |
| 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 | | PAR VALUE | |
| 1000 | | stk | | \$ 0.00 | |
| 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 Louis Federici, President | | | | | Date January 2, 2018 |
| Signature of Authorized Representative  | | | | | |