



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>16973</b>		2. Exact name of the Corporation <b>NORICE REALTY INC.</b>					
3. Principal office address <b>692 IRON MINE HILL RD</b>				City <b>NORTH SMITHEFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	
4. Business Phone No. <b>401-762-5992</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>REALTY</b> <b>S31110</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>MAURICE BOURGET</b>				Vice-President Name <b>MAURICE BOURGET</b>			
Street Address <b>692 IRON MINE HILL ROAD</b>				Street Address <b>692 IRON MINE HILL ROAD</b>			
City <b>No. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>No. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>		
Secretary Name <b>Same as above</b>				Treasurer Name <b>Same as above</b>			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>Same as above</b>				Director Name <b>Same as above</b>			
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 <b>1000 COMM, NO PAR VALUE</b>				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JAN 05 2018

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.

**Maurice Bourget** 1-2-'18  
 Signature of Authorized Representative Date

BY **WJG**

**MAURICE BOURGET**  
 Print or Type Name of Authorized Representative

*WJG*