



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. 16973		2. Exact name of the Corporation NORICE REALTY INC.			
3. Principal office address 692 IRON MINE HILL RD		City NORTH SMITHFIELD	State RI	Zip 02896	
4. Business Phone No. 401-762-5992		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REALTY SB1110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MAURICE BOURGET			Vice-President Name MAURICE BOURGET		
Street Address 692 IRON MINE HILL ROAD			Street Address 692 IRON MINE HILL ROAD		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name Same as above			Treasurer Name Same as above		
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 Same as above			Director Name Same as above		
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 1000 COMM, NO PAR VALUE					
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
			NONE	NONE	NONE

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

BY

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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

MAURICE BOURGET
Print or Type Name of Authorized Representative