RI SOS Filing Number: 201856196020 Date: 1/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 16 AM 9:45

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.

1. Entity ID Number	2. Exact name of the Corporation		
118815	**Prime Realty, Inc**		
3. Principal Office Address	City	State	Zip
255 Quaker Lane	**West Warwick**	**RI**	**02893**
4. NAICS Code: 531110	6. Brief description of the character of business conducted in Rhode Island: **To engage in the Sale, Purchase, and Management of Real Estate**		
5. State of Incorporation: **Rhode Island**			

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

President Name **Tammy A. Bottella**			Vice-President Name **Tammy A. Bottella**		
Street Address **255 Quaker Lane**			Street Address **255 Quaker Lane**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**
Secretary Name **Louise Bottella**			Treasurer Name **Tammy A. Bottella**		
Street Address **255 Quaker Lane**			Street Address **255 Quaker Lane**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**

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

Director Name **Tammy A. Bottella**			Director Name		
Street Address **255 Quaker Lane**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	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		No par value

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: **Tammy A. Bottella**

Date: 12/30/17

Signature of Authorized Representative: Tammy A Bottella SIGN DOCUMENT HERE

FILED
JAN 16 2018
BY 8276

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

FORM 630 - Revised: 10/2016