RI SOS Filing Number: 201856206080 Date: 1/16/2018 4:00:00 PM

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.

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SECRETARY OF STATE
CORPORATIONS
2018 JAN 16 P 1:50

1. Entity ID Number	2. Exact name of the Corporation			
000119062	QUIRINUS REALTY, INC			
3. Principal Office Address: 1258 Elmwood Avenue		City: Providence	State: R.I.	Zip: 02907
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: REAL ESTATE INVESTMENT & FINANCING			
5. State of Incorporation: RHODE ISLAND				

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

President Name: JOHN P. TOMASSO			Vice-President Name:		
Street Address: 85 STAMFORD AVENUE			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02907	City:	State:	Zip:
Secretary Name: JOHN P. TOMASSO			Treasurer Name: JOHN P. TOMASSO		
Street Address: 85 STAMFORD AVENUE			Street Address: 85 STAMFORD AVENUE		
City: PROVIDENCE	State: RI	Zip: 02907	City: PROVIDENCE	State: RI	Zip: 02907

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

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

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	COMMON	$1.00

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	Date
JOHN P. TOMASSO, PRESIDENT	01/11/2018

Signature of Authorized Representative: [signature] PRES.

FILED
JAN 16 2018
E# 3532

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: 10/2017