



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

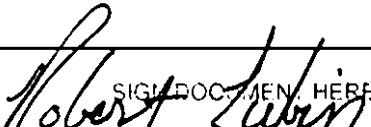
Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 16968		2. Exact name of the Corporation NORET REALTY, INC.												
3. Principal Office Address 241 Lincoln Avenue			City Warwick	State RI	Zip 02888									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Donna L. Snyder			Vice-President Name Donna L. Snyder											
Street Address 11 Intervale Road			Street Address 11 Intervale Road											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
Secretary Name Robert Lubin			Treasurer Name Robert Lubin											
Street Address 3550 Galt Ocean Drive, No. 307			Street Address 3550 Galt Ocean Drive, No. 307											
City Fort Lauderdale	State FL	Zip 33308	City Fort Lauderdale	State FL	Zip 33308									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Robert Lubin			Director Name N/A											
Street Address 350 Galt Ocean Drive, No. 307			Street Address											
City Fort Lauderdale	State FL	Zip 33308	City	State	Zip									
Director Name N/A			Director Name N/A											
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	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 Robert Lubin, Secretary				Date 1-9-18										
Signature of Authorized Representative 														

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

FILED

JAN 19 2018

FORM 630 - Revised: 10/2017