



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. 13012		2. Exact name of the Corporation NUBA REALTY, INC.	
3. Principal office address 9 LEGION MEMORIAL DR.		City PROVIDENCE	State R.I.
4. Business Phone No. 401-944-8414		5. State of Incorporation R.I.	
6. Brief description of the character of business conducted in Rhode Island Renting Property 531110			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DEBORAH R. ASSANTE		Vice-President Name DEBORAH R. ASSANTE	
Street Address 9 LEGION MEMORIAL DR.		Street Address 9 LEGION MEMORIAL DR.	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02909		Zip 02909	
Secretary Name VERA M. IACAMPO		Treasurer Name DEBORAH R. ASSANTE	
Street Address 44 TARTAGLIA ST.		Street Address 9 LEGION MEMORIAL DR.	
City JOHNSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02909		Zip 02909	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DEBORAH R. ASSANTE		Director Name	
Street Address 9 LEGION MEMORIAL DR.		Street Address	
City PROVIDENCE	State R.I.	City	State
Zip 02909		Zip	
Director Name VERA M. IACAMPO		Director Name	
Street Address 44 TARTAGLIA ST.		Street Address	
City PROVIDENCE	State R.I.	City	State
Zip 02909		Zip	
9. SHARES AUTHORIZED		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 3390	CLASS/SERIES NO PAR
		PAR VALUE -	

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

Form No. 630
Revised: 01/2012

FILED

JAN 31 2018

BY **303099**
A.A.

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.

Vera M. Iacampo 1/31/18
Signature of Authorized Representative Date

VERA M. Iacampo
Print or Type Name of Authorized Representative

RECEIVED
2018 JAN 31 PM 12:31
SECRETARY OF STATE
CORPORATIONS DIV