



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 58350		2. Exact name of the Corporation U P S REALTY, INC.			
3. Principal Office Address 883 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN A SANTOPIETRO			Vice-President Name STEVEN A SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name LORI L SANTOPIETRO			Treasurer Name STEVEN A SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN A SANTOPIETRO			Director Name		
Street Address 195 LARCHWOOD DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000		COMMON	NONE
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 STEVEN A SANTOPIETRO					Date 1-26-18
Signature of Authorized Representative <i>Steven Santopietro</i>					

SIGN DOCUMENT **FILED**

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

FEB 01 2018
 BY **1181 A.A.**