



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.

FILED
STAMP

FEB 20 2018

BY

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1. Entity ID Number 109824		2. Exact name of the Corporation Industrial Realty Corp.			
3. Principal Office Address 915 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate.			
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 Bernice Tudino			Vice-President Name Bernice Tudino		
Street Address 1615 Smith Street			Street Address 1615 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Bernice Tudino			Treasurer Name Bernice Tudino		
Street Address 1615 Smith Street			Street Address 1615 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 Bernice Tudino, President					Date 2-16-18
Signature of Authorized Representative <i>Bernice Tudino</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov