



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 1335 *aa*

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		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	
		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 <i>B</i>			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