



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 98177		2. Exact name of the Corporation GOTHAM REALTY CORP			
3. Principal Office Address 28 Kenwood Street, Suite 2			City Cranston	State RI	Zip 02907
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island to buy, sell and rent real estate - all phases of the real estate industry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RICHARD PEZZUCO			Vice-President Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name RICHARD PEZZUCO			Treasurer Name RONALD PEZZUCO		
Street Address 28 Kenwood Street			Street Address 28 Kenwood Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	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. <i>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.</i>					
Name of Authorized Representative <i>Ronald R. Pezzuco</i>					Date 2/17/18
Signature of Authorized Representative <i>Ronald R. Pezzuco</i>					SIGN DOCUMENT HERE

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**

FEB 20 2018

FORM 630 - Revised: 10/2016

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