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	2. Exact name of the Corporation			
19963	Integrity Investments, Inc.			
3. Principal Office Address		City	State	Zip
140 Reservoir Avenue		Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
53 - Real Estate and Rental	General real estate buying, selling, improving etc.			
5. State of Incorporation	S31390			
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Donald S. Smith					
Street Address			Street Address		
38 Firglade Drive					
City / State / Zip			City / State / Zip		
Cranston / RI / 02920					
Secretary Name			Treasurer Name		
Douglas H. Smith			Douglas H. Smith		
Street Address			Street Address		
140 Reservoir Avenue			140 Reservoir Avenue		
City / State / Zip			City / State / Zip		
Providence / RI / 02907			Providence / RI / 02907		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Donald S. Smith			Douglas H. Smith		
Street Address			Street Address		
38 Firglade Drive			140 Reservoir Avenue		
City / State / Zip			City / State / Zip		
Cranston / RI / 02920			Providence / RI / 02907		
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	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	Date
Douglas H. Smith	2/22/18

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
FEB 26 2018
BY 123310 DS

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

FORM 630 - Revised: 10/2017