

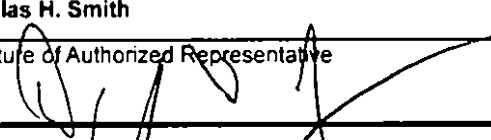


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 19963		2. Exact name of the Corporation Integrity Investments, Inc.			
3. Principal Office Address 140 Reservoir Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island General real estate buying, selling, improving etc.			
5. State of Incorporation Rhode Island		S31390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Donald S. Smith			Vice-President Name		
Street Address 38 Firglade Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Douglas H. Smith			Treasurer Name Douglas H. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Donald S. Smith			Director Name Douglas H. Smith		
Street Address 38 Firglade Drive			Street Address 140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 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		
			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 Douglas H. Smith					Date 2/22/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE 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 26 2018

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FORM 630 - Revised: 10/2017