



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 000011037		2. Exact name of the Corporation TORTI REALTY, INC.			
3. Principal Office Address 721 CENTRAL AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 53-real estate and rental		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. State of Incorporation RI		S31390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAREN A. TORTI			Vice-President Name KAREN A. TORTI		
Street Address 721 CENTRAL AVENUE			Street Address SAME		
City JOHNSTON	State RI	Zip 02919	City SAME	State SAME	Zip SAME
Secretary Name KAREN A. TORTI			Treasurer Name KAREN A. TORTI		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KAREN A. TORTI			Director Name		
Street Address SAME			Street Address		
City SAME	State SAME	Zip SAME	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NONE
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 Karen A. Torti				Date 2-20-18	
Signature of Authorized Representative <i>Karen A. Torti</i>				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