



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"/> | | | | | |
| 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 |
| | | 200 | COMMON | 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> | | | | | FILED |

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2017