



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.

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
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1. Entity ID Number <b>13163</b>		2. Exact name of the Corporation <b>SPACE REALTY, INC.</b>			
3. Principal Office Address <b>916 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>531210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real estate holding and any other lawful business.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kathleen G. Di Muro</b>			Vice-President Name <b>Kathleen G. Di Muro</b>		
Street Address <b>916 Reservoir Avenue</b>			Street Address <b>916 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>Kathleen G. Di Muro</b>			Treasurer Name <b>Kathleen G. Di Muro</b>		
Street Address <b>916 Reservoir Avenue</b>			Street Address <b>916 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kathleen G. Di Muro</b>			Director Name		
Street Address <b>916 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No Par Value		
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 <b>Kathleen G. Di Muro, President</b>				Date <b>2/2/18</b>	
Signature of Authorized Representative 					

**FILED**  
 SIGN DOCUMENT HERE  
 FEB 27 2018

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