



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 80011		2. Exact name of the Corporation TRIXIE REALTY, INC.			
3. Principal Office Address 472 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own, lease, buy and sell real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Raymond A. Spinella			Vice-President Name Edward C. Spinella		
Street Address 472 Smith Street			Street Address 472 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Joseph J. Spinella			Treasurer Name Susan F. Skunza		
Street Address 472 Smith Street			Street Address 472 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Raymond A. Spinella			Director Name		
Street Address 472 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
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		
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 Susan F. Skunza, Treasurer					Date 2-26-18
Signature of Authorized Representative <i>Susan F. Skunza</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 28 2018

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FORM 630 - Revised: 10/2017