



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 17763		2. Exact name of the Corporation WHITMARSH REALTY CORPORATION			
3. Principal Office Address 243 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALEX J. HODOSH			Vice-President Name		
Street Address 1003 FORT GETTY ROAD			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name STEVEN H. HODOSH			Treasurer Name ALEX J. HODOSH		
Street Address 23 APPIAN WAY			Street Address 1003 FORT GETTY ROAD		
City BARRINGTON	State RI	Zip 02806	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN H. HODOSH			Director Name ALEX J. HODOSH		
Street Address 23 APPIAN WAY			Street Address 1003 FORT GETTY ROAD		
City BARRINGTON	State RI	Zip 02806	City JAMESTOWN	State RI	Zip 02835
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 <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
		100		COMMON	NO PAR VALUE11763
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 Orlando A Andreoni					Date 2-27-18
Signature of Authorized Representative <i>Orlando A. Andreoni</i>					

SIGN DOCUMENT HERE

FILED

MAR 05 2018

BY

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