



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 487422		2. Exact name of the Corporation Ryson Realty, Inc.												
3. Principal Office Address 889 Centerville Road			City Warwick	State RI	Zip 02886									
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island Real estate holding and management												
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 Mark B. Josephson			Vice-President Name Braden B. Josephson											
Street Address 19 Park Circle			Street Address 3327 80th Street Apt 42											
City Short Hills	State NJ	Zip 07078	City Jackson Heights	State NY	Zip 11372									
Secretary Name Braden B. Josephson			Treasurer Name Mark B. Josephson											
Street Address 2237 80th Street Apt 42			Street Address 19 Park Circle											
City Jackson Heights	State NY	Zip 11372	City Short Hills	State NJ	Zip 07078									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	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.														
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 Mark B. Josephson					Date 3/4/18									
Signature of Authorized Representative <i>Mark B. Josephson</i>														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

MAR 07 2018