



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.

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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					
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 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>					FILED MAR 07 2018 BY 2141

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

FORM 630 - Revised: 10/2016