



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 37007		2. Exact name of the Corporation KIRK REALTY CO.	
3. Principal Office Address 85 GLEN ROAD		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE & INVESTMENTS	
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 DONALD J. KRIKORIAN		Vice-President Name	
Street Address 169 BEECHWOOD DRIVE		Street Address N/A	
City CRANSTON	State RI	City	State
Zip 02921		Zip	
Secretary Name PAUL J. KRIKORIAN		Treasurer Name PAUL J. KRIKORIAN	
Street Address 30 STARFISH DRIVE		Street Address 30 STARFISH DRIVE	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DONALD J. KRIKORIAN		Director Name	
Street Address 169 BEECHWOOD DRIVE		Street Address	
City CRANSTON	State RI	City N/A	State
Zip 02921		Zip	
Director Name		Director Name	
Street Address N/A		Street Address	
City N/A	State	City	State
Zip		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.		NUMBER OF SHARES 1200	CLASS/SERIES NONE
Changes require an additional filing.		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.			
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 Donald J. Krikorian		Date March 06, 2018	
Signature of Authorized Representative <i>Donald J. Krikorian</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

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FORM 630 - Revised: 10/2017