



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2018 SEP 12 PM 12:03

1. Entity ID Number 487817		2. Exact name of the Corporation E.R.S. Realty, Inc.			
3. Principal Office Address 1404 Newport Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Purchase and leasing of real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dani Saad			Vice-President Name Georgina Saad		
Street Address 6 Diana Circle			Street Address 6 Diana Circle		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
Secretary Name Dani Saad			Treasurer Name Georgina Saad		
Street Address 6 Diana Circle			Street Address 6 Diana Circle		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Dani Saad			Director Name Georgina Saad		
Street Address 6 Diana Circle			Street Address 6 Diana Circle		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
Director Name NONE			Director Name NONE		
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		
			100 Shares		
			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 Dani Saad, President					Date 9/10/18
Signature of Authorized Representative 					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

12:03

SEP 12 2018

BY