State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 12 PM 12:03

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	2. Exact name of the Corporation
487817	E.R.S. Realty, Inc.

3. Principal Office Address	City	State	Zip
1404 Newport Avenue	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	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	Vice-President Name
Dani Saad	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	Director Name
Dani Saad	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

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 ☐

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	Date
Dani Saad, President	9/10/18

Signature of Authorized Representative: Dani Saad

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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BY 07ZRW0

FORM 630 - Revised: 10/2017