



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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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 SECRETARY OF STATE OF
 CORPORATIONS DIV

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1. Entity ID Number 67701		2. Exact name of the Corporation A & D REALTY, INC.			
3. Principal Office Address 145 FRONT STREET			City LINCOLN	State RI	Zip 02865
4. NAICS Code 532310		6. Brief description of the character of business conducted in Rhode Island Real and personal estate, fixture, etc: buying, selling, leasing, mortgaging, constructing, contracting, etc, apartment 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 ARTHUR R. DiFILIPPO			Vice-President Name ARTHUR R. DiFILIPPO		
Street Address 145 FRONT STREET			Street Address 145 FRONT STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ARTHUR R. DiFILIPPO			Treasurer Name ARTHUR DiFILIPPO		
Street Address 145 FRONT STREET			Street Address 145 FRONT STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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
		1			NO PAR
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 ARTHUR R. DiFILIPPO PRESIDENT					Date 1-24-19
Signature of Authorized Representative 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 Arthur DiFilippo