



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

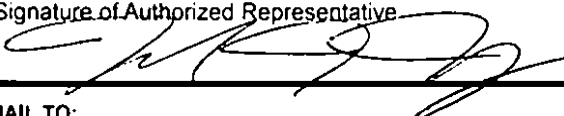
Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 35416		2. Exact name of the Corporation A.I. Realty Corp.			
3. Principal Office Address 5 Energy Way		City West Warwick		State RI	Zip 02893
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Rental real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael J. Murphy			Vice-President Name Michael J. Murphy		
Street Address 2359 Division Road			Street Address 2359 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name James R. Murphy			Treasurer Name Michael J. Murphy		
Street Address 28 Ladderlook Road			Street Address 2359 Division Road		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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	
5		voting common		no par value	
95		nonvoting common		non 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 Michael J. Murphy, President					Date 1-15-19
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

JAN 24 2019

BY 0613 DS FORM 630 - Revised: 10/2017