



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.

1. Entity ID Number 000021510		2. Exact name of the Corporation Robil Realty Inc.			
3. Principal Office Address 118 Curtis Street			City Providence	State RI	Zip 02909
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real estate holding			
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 Roger N D'Amico			Vice-President Name William J D'Amico		
Street Address 118 Curtis Street			Street Address 118 Curtis Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name William J D'Amico			Treasurer Name Roger D'Amico		
Street Address 118 Curtis Street			Street Address 118 Curtis Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William J D'Amico			Director Name Roger N D'Amico		
Street Address 118 Curtis Street			Street Address 118 Curtis Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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			
		600	Common	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 William J D'Amico					Date 1-31-2019
Signature of Authorized Representative <i>William J D'Amico</i>					

FILED

JAN 24 2019

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