



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

STAMP

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 487422 | | 2. Exact name of the Corporation Ryson Realty, Inc. | | | |
| 3. Principal Office Address 889 Centerville Road | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 53110 53 - Real Estate and Rental and | | 6. Brief description of the character of business conducted in Rhode Island Real estate holding and 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 Mark B. Josephson | | | Vice-President Name Braden B. Josephson | | |
| Street Address 19 Park Circle | | | Street Address 3327 80th Street Apt 42 | | |
| City Short Hills | State NJ | Zip 07078 | City Jackson Heights | State NY | Zip 11372 |
| Secretary Name Braden B. Josephson | | | Treasurer Name Mark B. Josephson | | |
| Street Address 2237 80th Street Apt 42 | | | Street Address 19 Park Circle | | |
| City Jackson Heights | State NY | Zip 11372 | City Short Hills | State NJ | Zip 07078 |
| 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 | | |
| | | | 100 | | |
| | | | 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 Mark B. Josephson | | | | | Date 1/22/19 |
| Signature of Authorized Representative <i>Mark B. Josephson</i> | | | | | SIGN-DOCUMENT HERE |
| | | | | | FEB 01 2019 |

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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