



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
CORPORATIONS DIV

2019 FEB 12 AM 11:51

1. Entity ID Number 118815		2. Exact name of the Corporation Prime Realty, Inc			
3. Principal Office Address 255 Quaker Lane			City West Warwick	State RI	Zip 02893
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To engage in the Sale, Purchase, and Management 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 Tammy A. Bottella			Vice-President Name Tammy A. Bottella		
Street Address 255 Quaker Lane			Street Address 255 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Louise Bottella			Treasurer Name Tammy A. Bottella		
Street Address 255 Quaker Lane			Street Address 255 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Tammy A. Bottella			Director Name		
Street Address 255 Quaker Lane			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
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 VA. UF
			100		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 Tammy A. Bottella					Date 12/27/18
Signature of Authorized Representative <i>Tammy A. Bottella</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 12 2019

FORM 630 - Revised: 10/2016

BY **KL 8627**