



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

Annual Report for the year:

2019

376...F

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 12107		2. Exact name of the Corporation EDS Realty, Inc.			
3. Principal Office Address 8 Dennell Drive			City Lincoln	State RI	Zip 02865
4. NAICS Code 53 Real Estate <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Justine M. Caccia			Vice-President Name Joanne M. O'Donnell		
Street Address 5 Hanton City Trail			Street Address 248 Allen Avenue		
City Smithfield	State RI	Zip 02917	City Wakefield	State RI	Zip 02879
Secretary Name Joanne M. O'Donnell			Treasurer Name Joanne M. O'Donnell		
Street Address 248 Allen Avenue			Street Address 248 Allen Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Jeannemarie Atwal			Director Name Eugene E. DiSarro		
Street Address 958 Cummings, Greenfield Park			Street Address 8 Dennell Drive		
City Quebec	State Canada	Zip J4V1K7	City Lincoln	State RI	Zip 02865
Director Name Joanne M. O'Donnell			Director Name Justine M. Caccia		
Street Address 248 Allen Avenue			Street Address 5 Hanton City Trail		
City Wakefield	State RI	Zip 02879	City Smithfield	State RI	Zip 02917
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		600	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 Joanne M. O'Donnell, Vice President/Secretary					Date 1/28/19
Signature of Authorized Representative <i>Justine M. Caccia</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 25 2019

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FORM 630 - Revised: 10/2017