



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.

FILED STAMP

MAR 04 2019

BY 12901 DS

1. Entity ID Number 19963		2. Exact name of the Corporation Integrity Investments, Inc.			
3. Principal Office Address 140 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 531390 53- Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island General real estate buying, selling, improving etc.			
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 Donald S. Smith			Vice-President Name		
Street Address 38 Firglade Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Douglas H. Smith			Treasurer Name Douglas H. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Donald S. Smith			Director Name Douglas H. Smith		
Street Address 38 Firglade Drive			Street Address 140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			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 Donald S. Smith					Date 02/21/2019
Signature of Authorized Representative 					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