



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.

CORPORATIONS DIV
 2019 MAR 13 AM 11:48

1. Entity ID Number 74960		2. Exact name of the Corporation Emery Realty, Inc.			
3. Principal Office Address 151 Fountain Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To own, manage and operate real estate.			
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 David Emery			Vice-President Name Robert Emery		
Street Address 151 Fountain Street			Street Address 151 Fountain Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name David Emery			Treasurer Name Donna Rowey		
Street Address 151 Fountain Street			Street Address 151 Fountain Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Emery			Director Name Donna Rowey		
Street Address 151 Fountain Street			Street Address 151 Fountain Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name David Emery			Director Name		
Street Address 151 Fountain Street			Street Address		
City Pawtucket	State RI	Zip 02860	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
			225	Common	No
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 Donna Rowey				Date 3/8/19	
Signature of Authorized Representative <i>Donna Rowey</i>			FILED		

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

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 FORM 630 - Revised: 10/2017