



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

MAR 27 2019

BY

1. Entity ID Number 00009550		2. Exact name of the Corporation DON-ED REALTY CORP.	
3. Principal Office Address 1785 POST ROAD		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island 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 DONNA RIZZO		Vice-President Name DONNA RIZZO	
Street Address 101 PLAZA REAL SOUTH, APT # 902		Street Address 101 PLAZA REAL SOUTH, APT # 300 902	
City BOCA RATON	State FL	Zip 33432	City BOCA RATON
Secretary Name DONNA RIZZO		Treasurer Name DONNA RIZZO	
Street Address 101 PLAZA REAL SOUTH, APT # 902		Street Address 101 PLAZA REAL SOUTH, APT # 902	
City BOCA RATON	State FL	Zip 33432	City BOCA RATON
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
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 RIZZO			Date 3-25-19
Signature of Authorized Representative <i>Donna Rizzo</i>			

SIGN DOCUMENT HERE