



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
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

JAN 13 2020

BY

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1. Entity ID Number 000090473		2. Exact name of the Corporation ORION REALTY, INC.			
3. Principal Office Address 365 Smith Street Suite #2			City Providence, Rhode Island	State 029 RI	Zip 02908
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island RENTALOFFICE BUILDING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Federici			Vice-President Name David A. Calvi		
Street Address 365 Smith Street Suite #2			Street Address 365 Smith Street Suite #3		
City Providence	State RI	Zip 02908	City Providence, Rhode Island	State Robert S.	Zip 02908
Secretary Name David A. Calvi			Treasurer Name Louis Federici		
Street Address 365 Smith Street Suite #2			Street Address 365 Smith Street Suite #2		
City Providence, Rhode Island	State RI	Zip 02908	City Providence, Rhode Island	State RI	Zip 0 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis Federici			Director Name David A. Calvi		
Street Address 365 Smith Street Suite #2			Street Address 365 Smith Street Suite #3		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES STK	PAR VALUE \$ 0.00
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 Louis Federici, President				Date January 1, 2020	
Signature of Authorized Representative <i>Louis Federici</i> , President					

MAIL TO:

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