



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

FILED
 JAN 13 2020
 BY 1391
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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

| | | | | | |
|--|--------------------|---|--|--------------------------------|---------------------|
| 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 029 | State 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 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 | | 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 | |
| | | 1000 | STK | \$ 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
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