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

Annual Report for the year: 2020
Corporation _____

STAMP

FOR

- 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 000058350	2. Exact name of the Corporation U P S REALTY, INC.		
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3. Principal Office Address 883 ELMWOOD AVENUE	City PROVIDENCE	State RI	Zip 02907
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4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN A. SANTOPIETRO			Vice-President Name STEVEN A. SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name LORI L. SANTOPIETRO			Treasurer Name STEVEN A. SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN A. SANTOPIETRO			Director Name		
Street Address 195 LARCHWOOD DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
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
	2000	COMMON	NONE

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 STEVEN A. SANTOPIETRO	Date 1-27-2020
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Signature of Authorized Representative <i>Steven A. Santopietro</i>	SIGN DOCUMENT HERE	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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