



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

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 BUS SVCS DIV

2020 FEB 11 P 2:24AMP

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 000010227		2. Exact name of the Corporation 393 REALTY CORP			
3. Principal Office Address 393 Armistice Boulevard			City Pawtucket	State RI	Zip 02861
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real estate investments			
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 Michael F. Horan			Vice-President Name Monica Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Michael F. Horan			Treasurer Name Michael F. Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael F. Horan			Director Name Monica Horan		
Street Address 393 Armistice Boulevard			Street Address 393 Armistice Boulevard		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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
			5	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. <i>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.</i>					
Name of Authorized Representative Michael F. Horan					Date 2/4/20
Signature of Authorized Representative SIGN SIGNATURE 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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