



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.

STAMP
 FILED

MAR 02 2020

7990 DS

1. Entity ID Number 36272		2. Exact name of the Corporation ALLIED REALTY COMPANY, INC.			
3. Principal Office Address 491 Kilvert Street			City Warwick	State RI	Zip 02886
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island food preparation, processing, distribution, operation of restaurants, purchase of 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 EDMUND D. FULLER, III			Vice-President Name		
Street Address 491 Kilvert Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name EDMUND D. FULLER, III		
Street Address 478A Broadway			Street Address 491 Kilvert Street		
City Providence	State RI	Zip 02909	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 EDMUND D. FULLER, III			Director Name		
Street Address 491 Kilvert Street			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		PAR VALUE
			500	common	no par value
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 EDMUND D. FULLER, III <i>Edmund D Fuller</i>				Date 2-21-2020	
Signature of Authorized Representative SIGN DOCUMENT HERE					