



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 22 2021

BY

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1. Entity ID Number 000977947		2. Exact name of the Corporation A & E Realty Holdings Inc.												
3. Principal Office Address 54 Fox Run			City West Greenwich	State R.I.	Zip 02817									
4. NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY												
5. State of Incorporation R.I.														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Virginia Lee OBrien			Vice-President Name Edward J OBrien Jr											
Street Address 54 Fox Run			Street Address 54 Fox Run											
City West Greenwich	State R.I.	Zip 02817	City West Greenwich	State R.I.	Zip 02817									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	.01			
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1000	STK	.01												
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 				Date 1-18-21										
Signature of Authorized Representative														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov