RI SOS Filing Number: 202188149290 Date: 1/28/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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Annuai	кероп	tor t	ne ye	ar:	2021
Corpora	ation			-	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is n	ot filed by April 1.							
Entity ID Number	2. Exact nan	2. Exact name of the Corporation							
1100064	EMELY RE	EMELY REALTY, INC							
3. Principal Office Address			City		State	Zip			
880 BROAD STREET			PROVIDENC	E	RI	02907			
4. NAICS Code	6. Brief desc	cription of the charac	cter of business co	nducted in Rhode	e Island	. <u></u>			
531110	REAL EST	REAL ESTATE							
5. State of Incorporation									
RHODE ISLAND									
7. List ALL officers (names and	addresses)				ck the box to in	dicate an attachment 🔲			
President Name JUANA ROSARIO			Vice-President Name SAME						
Street Address 225 BECKWITH STREET			Street Address						
City CRANSTON	State RI	Zıp 02920	City		State	Zip			
Secretary Name SAME			Treasurer Name SAME						
Street Address		Street Address							
City	State	Zip	City		State	Zip			
8. List ALL directors (names an	d addresses)			Che	ck the box to in	dicate an attachment			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name		,	Director Name		<u> </u>				
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
9. Shares Authorized	1	10. Shares Is				dicate an attachment			
This Information is currently of record in the Department of State. Changes require an additional filing.			OF SHARES	C_ASS/SERIES		PAR VALUE			
		1000		CWP		0.0100			
11. This report must be execute trustee, this report must be exe					rporation is in th	ne hands of a receiver or			
Under penalty of perjury, I de	eclare and affirm	that I have examir	ned this report, in		companying sc	hedules and			
statements, and that all statements contained herein are true and Name of Authorized Representative			114 VVII GUL		Date	<u>.</u>			
JUANA ROSARIO					01/21/2021				
Signature of Authorized Repres	sentative	0.00.00			1				
X Just		SIGN DO	CUMENT HEÎ	<u> </u>	<u> </u>				
MAIL TO:			JAI	A S 8 5051					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 1968

FORM 630 - Revised: 10/2016