



RI SOS Filing Number: 202189958080 Date: 2/4/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

BY

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QA

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.

1. Entity ID Number 60930		2. Exact name of the Corporation MIRAGE REALTY, LTD.			
3. Principal Office Address 333 School Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT			
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 Fredy P. Roland			Vice-President Name Kim S. Amin		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Fredy P. Roland			Treasurer Name Kim S. Amin		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02960	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fredy P. Roland			Director Name Kim S. Amin		
Street Address 333 School Street			Street Address 333 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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		
			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.					
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 FREDY P. ROLAND				Date 1/19/2021	
Signature of Authorized Representative <i>Fredy P. Roland</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FORM 630 - Revised: 08/2020