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

FILED STAMP
FEB 04 2021
BY 1387

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	2. Exact name of the Corporation			
133392	TORD REALTY, CO., INC.			
3. Principal Office Address		City	State	Zip
55 Electronic Drive		Warwick	RI	02888
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island			
53 - Real Estate and Rental anc	Real Estate			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William Tordoff, Jr.			Vice-President Name: Douglas W. Black		
Street Address: 530 Spring Lake Road			Street Address: 341 Thames Street #103 S		
City: Glendale	State: RI	Zip: 02826	City: Bristol	State: RI	Zip: 02809
Secretary Name: William Tordoff, Jr.			Treasurer Name: Douglas W. Black		
Street Address: 530 Spring Lake Road			Street Address: 341 Thames Street #103 S		
City: Glendale	State: RI	Zip: 02826	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: William Tordoff, Jr.			Director Name		
Street Address: 530 Spring Lake Road			Street Address		
City: Glendale	State: RI	Zip: 02826	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NONE
Changes require an additional filing.			

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
William Tordoff, Jr., President	01/22/2021

Signature of Authorized Representative: William Tordoff Jr. — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 02/2017