



State of Rhode Island and Providence Plantations
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
STAMP

FEB 04 2021

BY

1387

1. Entity ID Number 133392		2. Exact name of the Corporation TORD REALTY, CO., INC.			
3. Principal Office Address 55 Electronic Drive			City Warwick	State RI	Zip 02888
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island 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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 William Tordoff, Jr., President					Date 01/22/2021
Signature of Authorized Representative <i>William Tordoff Jr.</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov