State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2021
BY 16307

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			
5994	D'AMBRA REALTY CORP			
3. Principal Office Address		City	State	Zip
1481 WAMPANOAG TRAIL		E. PROVIDENCE	RI	02915
4. NAICS Code: 531110	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation: RI	REAL ESTATE, BUILDER, DEVELOPER			

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

President Name	Street Address	City	State	Zip
GARY D'AMBRA	10 OYSTER SHELL LANE	BARRINGTON	RI	02806

Vice-President Name	Street Address	City	State	Zip
MICHAEL D'AMBRA	12 SHELDON ST	PROVIDENCE	RI	02906

Secretary Name	Street Address	City	State	Zip
PAULA D'AMBRA	10 OYSTER SHELL LANE	BARRINGTON	RI	02806

Treasurer Name	Street Address	City	State	Zip
GARY D'AMBRA	SAME			

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

Director Name	Street Address	City	State	Zip
GARY D'AMBRA	SAME			

Director Name	Street Address	City	State	Zip
PAULA D'AMBRA	SAME			

Director Name	Street Address	City	State	Zip
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Director Name	Street Address	City	State	Zip
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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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMM	NONE

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
GARY D'AMBRA	2-1-21

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