[redacted]

State of Rhode Island

Department of State - Business Services Division

FILED STAMP
FEB 05 2021
BY 108-05

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			
571487	ALLTOWN REAL ESTATE CORP.			
3. Principal Office Address		City	State	Zip
182 Austin Avenue		Chepachet	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531210	real estate sales agent			
5. State of Incorporation				
Rhode Island				

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

President Name: Edward P. Duffy			Vice-President Name:		
Street Address: 182 Austin Avenue			Street Address:		
City: Chepachet	State: RI	Zip: 02814	City:	State:	Zip:
Secretary Name: Patricia D. Duffy			Treasurer Name: Edward P. Duffy		
Street Address: 182 Austin Avenue			Street Address: 182 Austin Avenue		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

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

Director Name: None			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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
50	common	.01

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
Edward P. Duffy, President	2-1-21

Signature of Authorized Representative: Edward P. Duffy

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: 08/2020