



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

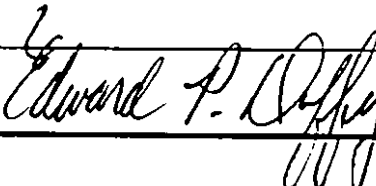
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
FEB 05 2021

B' = 108-AS

1. Entity ID Number 571487		2. Exact name of the Corporation ALLTOWN REAL ESTATE CORP.			
3. Principal Office Address 182 Austin Avenue		City Chepachet		State RI	Zip 02814
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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 50	CLASS/SERIES common	PAR VALUE 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 Edward P. Duffy, President				Date 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

FORM 630 - Revised: 08/2020