RI SOS Filing Number: 202192075600			Date: 2/18/2021 4:00:00 PM				
State of Rhode Island and Providence Plantations							
Department of Sta	te - Busines	s Services D	ivision				
Annual Report for the year	ar: 2021						
Corporation			_	riLEC'			
→ Filing period: January 1 - March 1				_			
→ Filing Fee: \$50.00				F	EB 182	2021	
→ Penalty: Additional \$25.00 fe	ee if form is not f	iled by April 1.			- IL	U D N C	
Entity ID Number	2. Exact name of the Corporation						
1682897	Rome Properties, Inc.						
3. Principal Office Address	<del></del>		City		State	Zip	
One Rocky Way			Richmond		RI	02892	
4. NAICS Code	6. Brief descript	ion of the characte	er of business c	onducted in Rhode Isl	and		
53532	Purchasing, selling, rehabilitating and leasing commercial real estate.						
5. State of Incorporation	1	<u>.</u>	_	-			
Rhode Island							
7. List ALL officers (names and add	resses)	<del></del>		Check to	ne box to in	ndicate an attachment	
President Name Jennifer Ide			Vice-President Name Russell C. Ide				
Street Address One Rocky Way			Street Address One Rocky Way				
City Richmond	State RI	<sup>Zip</sup> 02892	City Richmond		State RI	<sup>Zip</sup> 02892	
Secretary Name Jennifer Ide			Treasurer Name Jennifer Ide				
One Rocky Way			Street Address One Rocky Way				
City Richmond	State RI	<sup>Zip</sup> 02892	City Richmond		State RI	<sup>Zip</sup> 02892	
B. List ALL directors (names and ac	dresses)				he box to ii	ndicate an attachment 🗖	
Director Name No directors	Director Name						
Street Address			Street Address				
City		Zip	City		State	Zip	
,			0,		State	T	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu			he box to in	ndicate an attachment 🔲	
his information is currently of record in the epartment of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE		
		100		Common	\$0.01 par value		
Changes require an additional filing.							
11. This report must be executed or	n behalf of the co	rporation by an au	uthorized repres	entative. If the corpor	ation is in t	he hands of a receiver or	
rustee, this report must be execute	d on behalf of the	e corporation by the	ne receiver or tr	ustee.			
Under penalty of perjury, I declar statements, and that all statemen				ncluding any accom	oanying so	cnedules and	
Name of Authorized Representative	<del></del>	· · · · · ·	Date				
Jennifer Ide, President			1/2	7/21			
Signature of Authorized Represent		,					
Orniles He	MIC HOUNT	<u>.                                    </u>					

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