



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 19 2021

BY

175 DS

- 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 <u>000061772</u>		2. Exact name of the Corporation <u>O.E.R. Realty Corp</u>			
3. Principal Office Address <u>23 Powell Avenue, Suite 3</u>			City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Residential and Commercial Real Estate Ownership and Rentals</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Ethan Andrew Blumen</u>			Vice-President Name <u>Dale G Blumen</u>		
Street Address <u>1881 Bay Rd</u>			Street Address <u>23 Powell Ave. Ste 3</u>		
City <u>Sharon</u>	State <u>MA</u>	Zip <u>02067</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>Dale G. Blumen</u>			Treasurer Name <u>Ethan Andrew Blumen</u>		
Street Address <u>23 Powell Ave Ste 3</u>			Street Address <u>1881 Bay Rd</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Sharon</u>	State <u>MA</u>	Zip <u>02067</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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			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
			<u>500.00</u>	<u>CNP</u>	<u>\$0.0000</u>
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 <u>Dale G. Blumen</u>				Date <u>2/17/2021</u>	
Signature of Authorized Representative <u>Dale G. Blumen</u>					