<b>3</b>	

State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year:	2021
Cornoration	x021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

	FEB	-	_	- (
BY_	\	П	5_	$\bigcirc$

A Cath ID No arbas	IO C	the Comment of							
1. Entity ID Number	2. Exact name of		_						
000061772	O.E.R.	Realty (	Corp						
Principal Office Address		0	ICITY	•	State	Zip			
23 Powel Avenue,	Suite 3		Newpo	ort	RI	02840			
4. NAICS Code	<ol><li>Brief description</li></ol>	on of the character	of business co	nducted in Rhode Isla	and/	_A			
531110	Residen	tial and	Comme	rcial Real	ESto	ale			
5. State of Incorporation	Doners	ship and	Kenta	US					
4. NAICS Code 531110 6. Brief description of the character of business conducted in Rhode Island Residential and Commercial Real Estate  5. State of Incorporation RI  Counciship and Rentals									
7. List ALL officers (names and add	resses)	_		Check th	e box to in	dicate an attachment 🔲			
President Name Ethan Andrew Bl	ne a			Vice-President Name Dale G Blumen					
Street Address -	<del>_</del>		Street Address						
1881 Bay Rd	State		23 Pows	el Ave. Ste					
Sharon	MA	02067	Nesopor		State	<sup>Zip</sup> 02840			
Secretary Name			Treasurer Name	, , ,	Q <sub>1</sub>				
Dale G. Blume	າ		Ethan	Andrewa	YUME	P/)			
Street Address 23 Powel Ave Ste 3 Street Address 1881 Bay Rd									
City / 0000 / 100 0/ C	State -	Zip	City	()	State	Zip			
Dew Port	State Q	02840	Sharon		MA	02067			
<ol><li>List ALL directors (names and ac</li></ol>	ddresses)			Check th	ne box to in	idicate an attachment 🔲			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name	<u> </u>	<u>.l.</u>	Director Name		<u></u>				
Director Name			Director Marrie						
Street Address			Street Address						
			<u> </u>			<u></u>			
City	State	Zip	City		State	Zip			
9. Shares Authorized	·	10. Shares Issue	ed .	Check th	ne box to in	idicate an attachment 🔲			
This information is currently of reco	rd in the	NUMBER OF S		CLASS/SERIES		PAR VALUE			
Department of State.		500.0	00	CNP		\$0,0000			
Changes require an additional filing.						-			
	1 1 10 0 11	<u> </u>		N. A M. Ab	-4: :- :- 4	ha handa of a coopiuse or			
11. This report must be executed of					ation is in t	ne hands of a receiver of			
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									
Dale G. Blumen						1/2021			
Signature of Authorized Representative									
Dale I. Blue	nen								

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