RI SOS Filing Number: 202192458610 Date: 2/19/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 19 2021
BY 1261

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		
10155	Servis Realty Inc		
3. Principal Office Address	City	State	Zip
260 Rosemont Avenue	Johnston	RI	02919
4. NAICS Code: 531110	6. Brief description of the character of business conducted in Rhode Island: To Own and Lease Real Estate Property		
5. State of Incorporation: Rhode Island			

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

President Name	Vice President Name
Pasco M DiBiasio	Richard E DiBiasio
Street Address: 196 Scituate Avenue	Street Address: 15B Needham Street
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name: Nancy Stravato	Treasurer Name: Pasco M DiBiasio
Street Address: 260 Rosemont Avenue	Street Address: 196 Scituate Avenue
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919

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

Director Name	Director Name
None	None
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. 100 Comm	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing. No Par	18	Common	No Par

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
Nancy Stravato	2/9/2021

Signature of Authorized Representative: Nancy Stravato

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