



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

FEB 22 2021

BY

1. Entity ID Number 000143084		2. Exact name of the Corporation SIMON KARAM REALTY HOLDING, INC												
3. Principal Office Address 1049 SOUTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914-4729									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island OWN MORTGAGE AND SELL REAL ESTATE												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name SIMON KARAM			Vice-President Name NANCY KARAM											
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET											
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name SIMON KARAM			Director Name NANCY KARAM											
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET											
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720									
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	NO PAR VALUE			
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1000	CNP	NO PAR VALUE												
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 SIMON KARAM				Date 02/15/2021										
Signature of Authorized Representative 														