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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 24 2021
B: 01038 DS

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
577	ALBA REALTY, INC.

3. Principal Office Address	City	State	Zip
10 Old Jenckes Hill Road	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real Estate
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
Aldo A. Albanese	Teena M. Bertrand
Street Address: 37 East Lantern Road	Street Address: 6 Albert Drive
City: Smithfield, State: RI, Zip: 02917	City: Johnston, State: RI, Zip: 02919
Secretary Name: Chris M. Albanese	Treasurer Name: Chris M. Albanese
Street Address: 10 Old Jenckes Hill Road	Street Address: 10 Old Jenckes Hill Road
City: Lincoln, State: RI, Zip: 02865	City: Lincoln, State: RI, Zip: 02865

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

Director Name	Director Name
Aldo A. Albanese	Teena M. Bertrand
Street Address: 37 East Lantern Road	Street Address: 6 Albert Drive
City: Smithfield, State: RI, Zip: 02917	City: Johnston, State: RI, Zip: 02919
Director Name: Chris M. Albanese	Director Name: None
Street Address: 10 Old Jenckes Hill Road	Street Address:
City: Lincoln, State: RI, Zip: 02865	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
399	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
Aldo A. Albanese	✓ 2/19/2021

Signature of Authorized Representative: ✓ SIGN DOCUMENT HERE

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: 10/2017