



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.

1. Entity ID Number 000799676		2. Exact name of the Corporation Maxcy Drive Realty, Inc.												
3. Principal Office Address 9 Maxcy Drive			City Providence	State RI	Zip 02906									
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real Estate Agency												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Kevin P. Fox			Vice-President Name Kevin P. Fox											
Street Address 9 Maxcy Drive			Street Address 9 Maxcy Drive											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
Secretary Name Kevin P. Fox			Treasurer Name Kevin P. Fox											
Street Address 9 Maxcy Drive			Street Address 9 Maxcy Drive											
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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 Kevin P. Fox					Date 2.24.21									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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