



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.

STAMP

MAR 09 2021

FOR
SECRETARY OF STATE
USE ONLY

BY

1. Entity ID Number 92		2. Exact name of the Corporation A E C REALTY CO., INC.									
3. Principal Office Address 396 Manton Avenue			City Providence	State RI	Zip 02909						
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island real estate transactions, including purchasing, renting, leasing and other lawful purposes									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name ALBERT S. CONDE			Vice-President Name								
Street Address 320 Mile Road			Street Address								
City Coventry	State RI	Zip 02816	City	State	Zip						
Secretary Name LAWRENCE R. CONDE			Treasurer Name KENNETH F. CONDE								
Street Address 37 Wood Cove Drive			Street Address 15 Montgomery Street								
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name ALBERT S. CONDE			Director Name KENNETH F. CONDE								
Street Address 320 Mile Road			Street Address 15 Montgomery Street								
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886						
Director Name LAWRENCE R. CONDE			Director Name								
Street Address 37 Wood Cove Drive			Street Address								
City Coventry	State RI	Zip 02816	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1300</td> <td>common</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1300	common	no par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1300	common	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 LAWRENCE R. CONDE, Secretary				Date 2-26-21							
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