



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JAN 15 PM 2:57

1. Entity ID Number 000307084		2. Exact name of the Corporation Realton, Inc.				
3. Principal Office Address 19 Brown & Howard Wharf			City Newport	State RI	Zip 02840	
4. NAICS Code 531312		6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings				
5. State of Incorporation BAS						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 FEB 19 AM 9:30	
President Name Stacie E. Mills			Vice-President Name			
Street Address 19 Harrison Ave.			Street Address			
City Newport	State RI	Zip 02840	City	State		
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 MAR 2 PM 12:37	
Director Name Administrative Dirs. Ltd			Director Name			
Street Address Lyford Manor, Lyford Cay, PO Box N-4918			Street Address			
City Nassau	State BHS	Zip	City	State		
Director Name Administrative Managers, Ltd			Director Name			
Street Address Lyford Manor, Lyford Cay, PO Box N-4918			Street Address			
City Nassau	State BHS	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		50,000.00	STK			\$1.0000
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.						
<b>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.</b>						
Name of Authorized Representative Stacie E. Mills					Date 1-13-21	
Signature of Authorized Representative <i>Stacie E. Mills</i>					<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 12 2021  
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 FORM 630 - Revised: 08/2020