



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) <input checked="" type="checkbox"/> Check the box to indicate an attachment					
President Name Stacie E. Mills			Vice-President Name		
Street Address 19 Harrison Ave.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
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	Zip
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 <input type="checkbox"/> 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
		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.					
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 Stacie E. Mills					Date 1-13-21
Signature of Authorized Representative <i>Stacie E. Mills</i>					

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 19 AM 9:30

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 2 PM 12:31

FILED

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
RY P43MH
A.A. 12:37 PM
FORM 630 - Revised: 08/2020