

State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE. BUS SVCS DIV

2021 JAN 15 PM 2: 56

Annual Report for the year: 2020

Corporation

Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

┙	L		ed by April 1.					
	. Entity ID Number	2. Exact name of the Corporation						
9	3307084 Realton, Inc.						1. D. B.O.	
133	. Principal Office Address	<u> </u>		City	·	State	12ip () .	
	Brown & Howard Wharf			Newport		RI	02840	
4	. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
	531312	6. Brief description of the character of business conducted in Rhode Island Real Estate Holdings						
3	. State of Incorporation	1					5. ¿¾	
	BHS	# ************************************						
	List ALL officers (names and addresses) Check the box to indicate an attachment L							
	Stacie E. Mills			Vice-President Name				
	eet Address 19 Harrison Ave.			Street Address			EB DE	
L		Stato RI	^{Zip} 02840	City	-	State	07.5 07.5 0.7.5	
93	cretary Name			Treasurer Name			S FEE	
ı	treet Address			Street Address			A1E 9: 30	
d	lty	State	Zip	City		State	Zip	
8	List ALL directors (names and addresses) Check the box to indicate an attachment							
	Administrative Dirs. Ltd			Director Name				
ζ	eet Address Lyford Manor, Lyford Cay, PO Box N-4918			Street Address				
	^{lty} Nassau	State BHS	Zip	City		State	Zip	
	rector Name Administrative Managers, Ltd			Director Name				
9	eet Address Lyford Manor, Lyford Cay, PO Box N-4918			Street Address				
q	Nassau	State BHS	Zip	City		State	Zip	
	Shares Authorized 10. Shares Is		10. Shares Issue				dicate an attachment	
	s information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Н	epartment of State. hanges require an additional filing.		50,000.00		STK		\$1.0000	
							, i	
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.								
4	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.								
u	ame of Authorized Representative tacle E. Mills					Date 1 -	13-21	
9	ignature of Authorized Representa	Tel		FILED	· · · · · · · · · · · · · · · · · · ·	<u></u> .		

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 1 2 2021

FORM 630 - Rovised: 08/2020