



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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- 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 00307084		2. Exact name of the Corporation Realton, Inc.			
3. Principal Office Address 9 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 BHS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.		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. <i>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.</i>					
Name of Authorized Representative Stacie E. Mills				Date 1-13-21	
Signature of Authorized Representative <i>Stacie E. Mills</i>					

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