



State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.

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1. Entity ID Number 000009109		2. Exact name of the Corporation Integra Realty Resources - Hartford/Providence, Inc.			
3. Principal Office Address 2 Charles Street, Suite B1			City Providence	State RI	Zip 02904
4. NAICS Code 531320 Real Estate Apprais		6. Brief description of the character of business conducted in Rhode Island Real Estate Appraising/Consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Todd M. Isaacson			Vice-President Name Donald R. Donner II		
Street Address 785 Chamberlain Hill Road			Street Address 121 Hopyard Road		
City Middletown	State CT	Zip 06457	City East Haddam	State CT	Zip 06423
Secretary Name Donald R. Donner II			Treasurer Name Todd M. Isaacson		
Street Address 121 Hopyard Road			Street Address 785 Chamberlain Hill Road		
City East Haddam	State CT	Zip 06423	City Middletown	State CT	Zip 06457
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Todd M. Isaacson			Director Name Donald R. Donner II		
Street Address 785 Chamberlain Hill Road			Street Address 121 Hopyard Road		
City Middletown	State CT	Zip 06457	City East Haddam	State CT	Zip 06423
Director Name			Director Name		
Street Address			Street Address		
City	State	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
		200		Common	0.0
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 <i>Todd M Isaacson</i> <i>President</i>				Date <i>1/22/2021</i>	
Signature of Authorized Representative <i>[Signature]</i>				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

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BY *[Signature]* AGB 91
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