State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP
MAR 2 3 2021
BY 66078

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.

1. Entity ID Number	2. Exact name of the Corporation
10000	TIFFANY REALTY CO.

3. Principal Office Address	City	State	Zip
PO Box 100713	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110 Lessors of resi	General Real Estate ownership;
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Louis Orabona	PO Box 3733	Cranston	RI	02910

Vice-President Name	Street Address	City	State	Zip
Emma Orabona	17 Center Village	Lynnfield	MA	01940

Secretary Name	Street Address	City	State	Zip
Alberta Del Prete	48 Wildwood Drive	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Alberta Del Prete	48 Wildwood Drive	Cranston	RI	02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Louis Orabona	PO Box 3733	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Emma Orabona	17 Center Village	Lynnfield	MA	01940

Director Name	Street Address	City	State	Zip
Alberta Del Prete	48 Wildwood Drive	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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	Date
Alberta Del Prete, Secretary	03/13/2021

Signature of Authorized Representative: Alberta Del Prete SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017