RI SOS Filing Number: 202195205130 Date: 3/30/2021 4:00:00 PM

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.

FILED STAMP

MAR 30 2021

BY 476505

1. Entity ID Number	2. Exact name of the Corporation
36272	ALLIED REALTY COMPANY, INC.

3. Principal Office Address	City	State	Zip
491 Kilvert Street	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	food preparation, process, distribution, operation of restaurants, purchase of real estate
5. State of Incorporation: RI	

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

President Name: KRISTINE FULLER			Vice-President Name:		
Street Address: 491 Kilvert Street			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Secretary Name: JOHN D. BIAFORE			Treasurer Name: KRISTINE FULLER		
Street Address: 253 Main Street			Street Address: 491 Kilvert Street		
City: East Greenwich	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

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

Director Name: KRISTINE FULLER			Director Name:		
Street Address: 491 Kilvert Street			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	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
JOHN D. BIAFORE, Secretary	3/23/21

Signature of Authorized Representative: John D Biafore

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: 08/2020