



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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 DEPARTMENT OF STATE
 BUSINESS DIV
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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 000125590		2. Exact name of the Corporation Scituate Realty Brady Agency Inc			
3. Principal Office Address 159 Westcott Rd			City North Scituate	State RI	Zip 02857
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island To Transact a General Real Estate Agency and Brokerage Business; Including the Renting and Managing of Estates. Title: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ellen Brady			Vice-President Name Ellen Brady		
Street Address 159 Westcott Rd			Street Address 159 Westcott RD		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Ellen Brady			Treasurer Name Ellen Brady		
Street Address 159 Westcott RD			Street Address 159 Westcott Rd		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <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
			500	Common	\$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 Ellen Brady				Date 11/29/21	
Signature of Authorized Representative 					

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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