



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

**Annual Report for the year: 2022**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP**  
 FEB 16 2022  
 BY 3076 DS

1. Entity ID Number <b>13163</b>		2. Exact name of the Corporation <b>SPACE REALTY, INC.</b>				
3. Principal Office Address <b>916 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4. NAICS Code <b>531210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real estate holdings and any other lawful business.</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Kathleen G. Di Muro</b>			Vice-President Name <b>Kathleen G. Di Muro</b>			
Street Address <b>916 Reservoir Avenue</b>			Street Address <b>916 Reservoir Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
Secretary Name <b>Kathleen G. Di Muro</b>			Treasurer Name <b>Kathleen G. Di Muro</b>			
Street Address <b>916 Reservoir Avenue</b>			Street Address <b>916 Reservoir Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Kathleen G. Di Muro</b>			Director Name			
Street Address <b>916 Reservoir Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE	
			100		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.						
<b>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.</b>						
Name of Authorized Representative <b>Kathleen G. Di Muro, President</b>					Date <b>1/2/2022</b>	
Signature of Authorized Representative 					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