



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 STAMP
 JAN 25 2023
 BY [Signature]

| | | | | | |
|---|-------------|--|---|-------------|--------------|
| 1. Entity ID Number 000109824 | | 2. Exact name of the Corporation Industrial Realty Corp | | | |
| 3. Principal Office Address 915 Smith Street | | | City Providence | State RI | Zip 02908 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island Real Estate | | | |
| 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 Bernice Tudino | | | Vice-President Name Bernice Tudino | | |
| Street Address 1615 Smith Street | | | Street Address 1615 Smith Street | | |
| City North Providence | State RI | Zip 02911 | City North Providence | State RI | Zip 02911 |
| Secretary Name Bernice Tudino | | | Treasurer Name Bernice Tudino | | |
| Street Address 1615 Smith Street | | | Street Address 1615 Smith Street | | |
| City North Providence | State RI | Zip 02911 | City North Providence | State RI | Zip 02911 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | 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/SERIFS |
| | | | 100 | | Common |
| | | | PAR VALUE | | No Par |
| 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 Bernice Tudino, President | | | | | Date |
| Signature of Authorized Representative <u>Bernice Tudino</u> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov