RI SOS Filing Number: 202327606330 Date: 2/3/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

al Report for the year: 2023 oration

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

FILED
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→ Penalty: Additional \$25.00	fee if form is n	ot filed by May 31.			_	FS	
1. Entity ID Number 000065233	2. Exact name of the Corporation GENSE REALTY, INC.						
Principal Office Address Wells Street				City Si Westerly F		Zip 02891	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531120	Owning and holding of real estate.						
5. State of Incorporation	Owning and holding of real estate.						
Rhode Island							
7. List ALL officers (names and ac	dresses)			Check	the box to	ndicate an attachment	
President Name Ronald J. Ser	Vice-President Name Gina M. Lynch						
Street Address 46 Sherwood [Street Address 10 Saratoga Avenue						
^{City} Westerly	State RI	^{Zip} 02891	^{City} Westerly		State RI	^{Zip} 02891	
Secretary Name Ronald J. Serra		 -	Treasurer Name Gina M. Lynch				
Street Address 46 Sherwood Dr.			Street Address 10 Saratoga Avenue				
^{City} Westerly	State RI	^{Zip} 02891	Gily Westerly		State RI	^{7_{ip}} 02891	
8. List ALL directors (names and a	ddresses)			Check	the box to	indicate an attachment 🔲	
Director Name	Director Nam	Director Name					
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name	Director Name		Director Name				
0							
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized	10 Shares Iss					ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C.ASS/SERIE Common	S	FAR VALUE	
		100	100			No Par Value	
44 This section is	1 1 10 000	1		1			
 This report must be executed of trustee, this report must be executed 	on behalf of the ted on behalf of	corporation by an a the corporation by	iuthorized repre the receiver or i	esentative. If the corp. trustee.	oration is in	the hands of a receiver or	
Under penalty of perjury, I decla	re and affirm	that I have examin	ed this report,		npanying s	chedules and	
statements, and that all statements with the statements of Authorized Representative statements.	ents contained	herein are true an	d correct.		IData		
Gina M. Lynch Contains of Authorized Representative Contains of Authorized Repres							
Signature of Authorized Represen	tative mL						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov