RI SOS Filing Number: 202327709950 Date: 2/6/2023 4:00:00 PM State of Rhode Island Department of State - Business Services Division FILFD 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. 1. Entity ID Number 2. Exact name of the Corporation 568 ALAN-BRIAN REALTY CO. 3. Principal Office Address City State Zip 33 COLLEGE HILL ROAD - SUITE 29D WARWICK RI 02886 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531120 REAL ESTATE 5. State of Incorporation RHODE ISLAND 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name BRIAN FRIEDMAN Vice-President Name GARY FRIEDMAN Street Address 33 COLLEGE HILL ROAD - SUITE 29D Street Address 33 COLLEGE HILL ROAD - SUITE 29D State RI State RI <sup>Žip</sup>02886 <sup>Zip</sup>02886 <sup>City</sup>WARWICK <sup>City</sup>WARWICK Secretary Name BRIAN FRIEDMAN Treasurer Name GARY FRIEDMAN Street Address 33 COLLEGE HILL ROAD - SUITE 29D 33 COLLEGE HILL ROAD - SUITE 29D State RI City WARWICK <sup>Zip</sup>02886 <sup>Žīp</sup>02886 City WARWICK RΙ 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name BRIAN FRIEDMAN Director Name GARY FRIEDMAN Street Address 33 COLLEGE HILL ROAD - SUITE 29D Street Address 33 COLLEGE HILL ROAD - SUITE 29D City WARWICK <sup>Žip</sup>02886 State State Gity WARWICK RI RI 02886 Director Name Director Name Street Address Street Address City State Zio City State Zio 9. Shares Authorized Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the PAR VALUE CLASS/SERIES Department of State. 100 COMM NO PAR VALUE Changes require an additional filing. 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

BRIAN FRIEDMAN, PRESIDENT

02/01/2023

Signature of Authorized Representative PULSIDENT

MAIL TO:

**Division of Business Services** 

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

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