



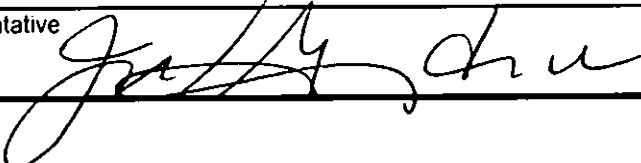
State of Rhode Island

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
MAR 06 2023
BY 432
ES

1. Entity ID Number 68653		2. Exact name of the Corporation 1243 Realty Associates, Inc.			
3. Principal Office Address 1243 POST ROAD			City WARWICK	State RI	Zip 02888
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To acquire by purchase or lease and improve and develop real property, erect buildings, build roads and hold 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 JOSEPH A. GRANDE, D.O.			Vice-President Name		
Street Address 1243 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name JOSEPH A. GRANDE, D.O.			Treasurer Name JOSEPH A. GRANDE, D.O.		
Street Address 1243 POST ROAD			Street Address 1243 POST ROAD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
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
			50	COMMON	\$0.00
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 JOSEPH A. GRANDE, D.O.					Date 3-1-2023
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