	Date: 3/15/2023 4:0 <u>0:00 PM</u>						
State of Rhode Island Department of Sta	ite - Busine	ess Services [Division				
Annual Report for the ye			_	Mar	1 5 2023	STAMP	
 → Filing period: February 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe 	•	t filed by May 31.		Z	363	3 FARE ANY GENTA A	
. Entity ID Number	2. Exact name	e of the Corporation					
74960	Emery R	lealty, Inc.				_	
3. Principal Office Address 151 Fountain Street			City Pawtucke	t	State RI	Zip 02860	
I. NAICS Code	6. Brief descri	ption of the charact	er of business co	onducted in Rhode Is	and		
531120	To own, manage and operate real estate.						
State of Incorporation	1						
Rhode Island	<u> </u>						
7. List ALL officers (names and add	Check the box to indicate an attachment Vice-President Name						
David Emery			Vice-President Name Robert Emery				
151 Fountain Street			Street Address 151 Fountain Street				
^{City} Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket		State RI	^{Zip} 02860	
Secretary Name David Emery			Treasurer Name Donna Rowey				
Street Address 151 Fountain Street			Street Address 151 Fountain Street				
Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket		State RI	^{Zip} 02860	
3. List ALL directors (names and a	ddresses)		In:	Check t	he box to in	dicate an attachment	
Director Name Robert Emery			Director Name	Donna Rowey			
Street Address 151 Fountain Street			Street Address 151 Fountain Street				
Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860	
Director Name David Emery			Director Name				
Street Address 151 Fountain Street			Street Address				
Pawtucket	State RI	^{Zip} 02860	City		State	Zip	
9. Shares Authorized	11 11	10. Shares Issu		Check t	he box to in	dicate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF 225	SPARES	Common		No PAR VALUE	
		220		33.1.11011			
11. This report must be executed o	n behalf of the	corporation by an a	uthorized repres	entative. If the corpor	ation is in the	ne hands of a receiver o	
rustee, this report must be execut	ed on behalf of	the corporation by t	<u>he receiver or tra</u>	ustee.			
Under penalty of perjury, I decla statements, and that all stateme				nciuding any accom	panying sc	neguies ang	
Name of Authorized Representative					Date		
Donna Rowey					3	111/23	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov