RI SOS Fi	ling Number:	202332942160	Date: 4/13	3/2023 4:00:00 F	PM	· · · · · · · · · · · · · · · · · · ·	
Department of S	State - Busin	ess Services I	Division			FILED	
Annual Report for the							
Corporation = 2023				APR 13 2023			
→ Filing period: February 1 - May 1					B)	1320	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	00 fee if form is n	ot filed by May 31.					
Entity ID Number		2. Exact name of the Corporation					
000066231	BROMLEY	BROMLEY REAL ESTATE CORPORATION					
3. Principal Office Address			City	City State Zip			
111 MEDWAY ST.			PROVIDE	PROV1DENCE		02906	
4. NAICS Code	Brief desc	ription of the charac	cter of business cor	nducted in Rhode Isla	and		
5311	REAL	REAL ESTATE RENTALS					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and addresses)			Turas puras sa	Check the box to indicate an attachment			
President Name NEAL BROMLEY			Vice-President Name NEAL BROMLEY				
Street Address		Street Address					
111 MEDWA	AY ST. State	7.0	City	111 MEDWA	Y ST. State	Zip	
PROVIDENCE	RI	Zip 02906	PROVIDEN	CE	RI	02906	
Secretary Name		1 02406	Treasurer Name		<u> </u>		
NEAL BROM	ILEY		Charl Address	NEAL BROM	ILEY		
Street Address 111 MEDWAY ST.			Street Address	Street Address 111 MEDWAY ST,			
City	State	Zip	City	TII MEDWA	State	Zip	
PROVIDENCE	RI	02906	PI	ROVIDENCE	l RI	02906	
8. List ALL directors (names an Director Name	d addresses)	•	Director Name	Check ti	ne box to i	indicate an attachment	
NEAL BROMLEY							
Street Address	V CTREEM		Street Address				
111 MEDWA	STREET State	Zip	City		State	Zıp	
PROVIDENCE	RI	02906		- · ·			
Director Name			Director Name				
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized					eck the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	NUMBER OF SHARES			PAR VALUE	
		4		CL A Voti	ng	No Par Value	
		96	96		Voting	No Par Value	
11. This report must be execute		corporation by an		entative. If the corpor			
trustee, this report must be exe Under penalty of perjury, I de					nanvina e	chedules and	
statements, and that all state	ments contained						
Name of Authorized Represent			Date				
Neal Bromley			04/07/23				
Signature of Authorized Roores	sentative 170000	lew					

MAIL TO:

Division of Business Services

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

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