



State of Rhode Island
Department of State - Business Services Division

FILED

APR 13 2023

BY 1320
DS

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 000066231 | | 2. Exact name of the Corporation BROMLEY REAL ESTATE CORPORATION | | | |
| 3. Principal Office Address 111 MEDWAY ST. | | | City PROVIDENCE | State RI | Zip 02906 |
| 4. NAICS Code 531100 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTALS | | | |
| 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 NEAL BROMLEY | | | Vice-President Name NEAL BROMLEY | | |
| Street Address 111 MEDWAY ST. | | | Street Address 111 MEDWAY ST. | | |
| City PROVIDENCE | State RI | Zip 02906 | City PROVIDENCE | State RI | Zip 02906 |
| Secretary Name NEAL BROMLEY | | | Treasurer Name NEAL BROMLEY | | |
| Street Address 111 MEDWAY ST. | | | Street Address 111 MEDWAY ST. | | |
| City PROVIDENCE | State RI | Zip 02906 | City PROVIDENCE | State RI | Zip 02906 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NEAL BROMLEY | | | Director Name | | |
| Street Address 111 MEDWAY STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02906 | 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 | | CLASSIFERS | |
| | | 4 | | CL A Voting | |
| | | 96 | | CL A Non-Voting | |
| | | PAR VALUE | | No Par Value | |
| | | | | No Par Value | |
| 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 Neal Bromley | | | | | Date 04/07/23 |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov