RI SOS Filing	y Number: 20	02332945170	Date: 4/13	3/2023 4:00:00 P	PM		
Department of Sta		ess Services (Division			SYAF	
Annual Report for the year: 2023 Corporation			_		FILE	_	
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 			APR 1 3 2023 BY 2743				
1. Entity ID Number 46336		of the Corporation Realty Co.					
3. Principal Office Address 660 School Street	City Pawtucke	et	State RI	Zip 02860			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
531190	Real Estate and Investments						
5. State of Incorporation Rhode Island					·• =		
7. List ALL officers (names and ad	Vice-President	Check the box to indicate an attachment					
President Name Constantinos I		Antonia Perdikakis					
Street Address 660 School Street	Street Address	Street Address 660 School Street					
^{City} Pawtucket	State RI	^{Zip} 02860	Pawtucket		State RI	^{Zip} 02860	
Secretary Name Constantinos I	Treasurer Nam	Treasurer Name Antonia Perdikakis					
Street Address 660 School Street			Street Address	Street Address 660 School Street			
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860	
8. List ALL directors (names and a	ddresses)	-	Disastes Name	Check t	he box to in	ndicate an attachment	
Director Name Constantinos Perdikakis				Director Name Antonia Perdikakis			
Street Address 660 School Street			Street Address	Street Address 660 School Street			
^{City} Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket		State RI	^{Zip} 02860	
Director Name None			Director Name	Director Name None			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		200	SHARES	CIASS/SERIES		No Par Value	
Changes require an additional filing.			17'			-	
11. This report must be executed of trustee, this report must be execut	on behalf of the o	corporation by an a	uthorized repres	entative. If the corporustee.	ation is in th	ne hands of a receiver or	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

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Name of Authorized Representative Constantinos Perdikakis

Signature of Authorized Representative

MAIL TO: Division of Business Services

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

statements, and that all statements contained herein are true and correct.

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