



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

FEB 02 2024

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- 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 000082256		2. Exact name of the Corporation Corner Realty, Inc.			
3. Principal Office Address P.O. Box 2115			City Westerly		State RI
			Zip 02891		
4. NAICS Code 531110/531120		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul F. Singer			Vice-President Name Karen S. Baker		
Street Address P.O. Box 2115			Street Address 26 Captains Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Paul F. Singer			Treasurer Name Paul F. Singer		
Street Address P.O. Box 2115			Street Address P.O. Box 2115		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul F. Singer			Director Name		
Street Address P.O. Box 2115			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		CLASS/SERIES
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1010	common	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 Paul F. Singer					Date 1/26/24
Signature of Authorized Representative <i>Paul F. Singer</i>					

MAIL TO:
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Website: www.sos.n.gov