RI SOS Filing Number: 202446050830 Date: 2/5/2024 4:00:00 PM

State of Rhode Island Department of State			FILED					
Annual Report for the year: 2024  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number	2. Exact name of the Corporation ALAN-BRIAN REALTY CO.							
568	ALAN-BRI			<u> </u>				
3. Principal Office Address 33 COLLEGE HILL ROAD	- SUITE 29D		City WARW				Zip 02886	
4. NAICS Code 531120 5. State of Incorporation	Brief description of the character of business conducted in Rhode Island     REAL ESTATE							
RHODE ISLAND								
7. List ALL officers (names and addresses) President Name BRIAN FRIEDMAN				Check the box to indicate an attachment  Vice-President Name GARY FRIEDMAN				
Street Address 33 COLLEGE HILL ROAD - SUITE 29D				Street Address 33 COLLEGE HILL ROAD-SUITE 29D				
City WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK		. I	RI	<sup>Žip</sup> 02886	
Secretary Name BRIAN FRIEDMAN				Treasurer Name GARY FRIEDMAN				
Street Address 33 COLLEGE HILL ROAD - SUITE 29D				Street Address 33 COLLEGE HILL ROAD-SUITE 29D				
<sup>City</sup> WARWICK	State RI	02886 City WARWICK				RI	<sup>Zip</sup> 02886	
8. List ALL directors (names and addresses)  Director Name BRIAN FRIEDMAN				Check the box to indicate an attachment  Director Name GARY FRIEDMAN				
Street Address 33 COLLEGE H	Street Addr	Street Address 33 COLLEGE HILL ROAD-SUITE 29D						
City WARWICK		Zip 02886 City WAF				RI	Zip 02886	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized This Information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
Department of State.  Changes require an additional filing.		100		COMM NO PAR V				
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					Date			
BRIAN FRIEDMAN, PRESIDENT Signature of Authorized Representative				02/01/2024				
13M TM, PRESIDENT								

MAIL TO:

**Division of Business Services** 

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

Website: www.sos.ri.gov