



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 13 2024

BY *[Signature]*

1. Entity ID Number 74960		2. Exact name of the Corporation Emery Realty, Inc.			
3. Principal Office Address 425 Pavilion Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To own, manage and operate real estate			
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 David Emery			Vice-President Name Robert Emery		
Street Address 425 Pavilion Avenue			Street Address 425 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name David Emery			Treasurer Name Donna Rowey		
Street Address 425 Pavilion Avenue			Street Address 425 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donna Rowey			Director Name David Emery		
Street Address 425 Pavilion Avenue			Street Address 425 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Robert Emery			Director Name		
Street Address 425 Pavilion Avenue			Street Address		
City Warwick	State RI	Zip 02888	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		CLASS/SERIES	
		225		Common	
				PAR VALUE	
				No	
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 Donna Rowey				Date 3/9/24	
Signature of Authorized Representative <i>Donna Rowey</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov