

3219

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 27 2024

BY

5203  
DS

1 Entity ID Number <b>9109</b>		2 Exact name of the Corporation <b>INTEGRA REALTY RESOURCES-HARTFORD/ Providence, Inc</b>			
3 Principal Office Address <b>2 CHARLES STREET, SUITE B1</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02904</b>
4 NAICS Code <b>531320</b>	6 Brief description of the character of business conducted in Rhode Island <b>APPRAISALS</b>				
5 State of Incorporation <b>RI</b>					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>TODD M. ISAACSON</b>		Vice-President Name			
Street Address <b>785 Chamberlain Hill Road</b>		Street Address			
City <b>Middletown</b>	State <b>CT</b>	Zip <b>06457</b>	City		
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City		
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>DONALD R DONNER IT</b>		Director Name <b>TODD M ISAACSON</b>			
Street Address <b>121 HOPYARD ROAD</b>		Street Address <b>785 CHAMBERLAIN HILL ROAD</b>			
City <b>EAST HADDAM</b>	State <b>CT</b>	Zip <b>06423</b>	City <b>MIDDLETOWN</b>	State <b>CT</b>	Zip <b>06457</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City		
9 Shares Authorized		10 Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		<b>200 COMMON 0</b>			
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 <b>Donald R Donner IT</b>					Date
Signature of Authorized Representative <b>DONALD R DONNER IT</b>					

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904 2615

Phone: (401) 222-3040

Website: www.sos.n.gov