

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

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DS

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

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904 2615

Phone: (401) 222-3040

Website: www.sos.n.gov