



State of Rhode Island
Department of State - Business Services Division

APR 01 2024 STAMP

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.

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1. Entity ID Number 000036974		2. Exact name of the Corporation BOND REALTY INTERESTS, INC.			
3. Principal Office Address 478 ANGEL ROAD			City LINCOLN	State RI	Zip 02865
4. NAICS Code 53-REAL ESTATE		6. Brief description of the character of business conducted in Rhode Island ACQUISITION AND SALE OF 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 BARBARA PATRIARCA			Vice-President Name BARBARA PATRIARCA		
Street Address 478 ANGEL ROAD			Street Address 478 ANGEL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BARBARA PATRIARCA			Treasurer Name BARBARA PATRIARCA		
Street Address 478 ANGEL ROAD			Street Address 478 ANGEL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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: PARS
			100	COMMON	NO PAR
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 BARBARA PATRIARCA					Date 2/8/24
Signature of Authorized Representative <i>Barbara Patriarca</i>					

MAIL TO:
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