



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2022  
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<br><u>00018081</u>   |                    | 2. Exact name of the Corporation<br><u>PYRAMID REALTY, INC.</u>   |                     |                          |                     |
| 3. Principal Office Address<br><u>1142 GREAT ROAD</u>  |                    | City<br><u>LINCOLN</u>  |                     | State<br><u>RI</u>       | Zip<br><u>02865</u> |
| 4. NAICS Code<br><u>53110</u>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE 53110</u>               |                     |                          |                     |
| 5. State of Incorporation<br><u>RI</u>   |                    |   |                     |                          |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                     |                          |                     |
| President Name<br><u>MARTHA HABIB</u>  |                    |   | Vice-President Name |                          |                     |
| Street Address<br><u>1142 GREAT ROAD</u>   |                    |   | Street Address      |                          |                     |
| City<br><u>LINCOLN</u>   | State<br><u>RI</u> | Zip<br><u>02865</u>   | City                | State                    | Zip                 |
| Secretary Name   |                    |   | Treasurer Name      |                          |                     |
| Street Address   |                    |   | Street Address      |                          |                     |
| City   | State              | Zip   | City                | State                    | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |                     |                          |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                          |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |                     | CLASS/SERIES             | PAR VALUE           |
|  |                    | <u>175</u>  |                     |                          | <u>0</u>            |
| 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.<br><i>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.</i> |                    |   |                     |                          |                     |
| Name of Authorized Representative<br><u>MARTHA HABIB</u>   |                    |   |                     | Date<br><u>4/10/2024</u> |                     |
| Signature of Authorized Representative<br>   |                    |   |                     | <b>FILED</b>             |                     |

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

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