



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2021

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS ASD  
24 APR 10 AM 11:14:02

1. Entity ID Number 000/8081.		2. Exact name of the Corporation PYRAMID REALTY, INC.	
3. Principal Office Address 1142 GREAT ROAD		City LINCOLN	State RI
4. NAICS Code 531110.		5. Brief description of the character of business conducted in Rhode Island REAL ESTATE 531110.	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MARIA HABIB.		Vice-President Name	
Street Address 1142 GREAT ROAD.		Street Address	
City LINCOLN	State RI	Zip 02865.	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 175.	CLASS/SERIES 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 MARIA HABIB.		Date 4/10/2024.	
Signature of Authorized Representative 			

FILED

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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BY T3QPE

FORM 630- Revised: 12/2023