




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation _____

APR 10 2024

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

1612 *sc*

1. Entity ID Number 92		2. Exact name of the Corporation A E C REALTY CO., INC.			
3. Principal Office Address 396 Manton Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island real estate transactions, including purchasing, renting leasing and other lawful purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT S. CONDE			Vice-President Name		
Street Address 320 Mile Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name BRIAN L. CONDE			Treasurer Name KENNETH F. CONDE		
Street Address 37 Wood Cove Drive			Street Address 15 Montgomery Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALBERT S. CONDE			Director Name KENNETH F. CONDE		
Street Address 320 Mile Road			Street Address 15 Montgomery Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1300	CLASS/SERIES common	PAR VALUE no par value
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 BRIAN L. CONDE, Secretary				Date 4/5/24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov