

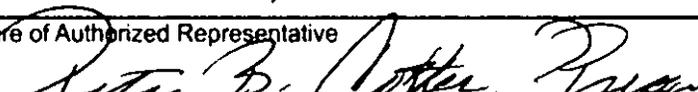


**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 APR 22 PM 4:16:50

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.

1. Entity ID Number 1474		2. Exact name of the Corporation Aster Realty Corporation			
3. Principal Office Address 84 Port Circle			City Warwick	State RI	Zip 02889
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 Peter B. Cotter			Vice-President Name Madeleine T. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Madeleine T. Cotter			Treasurer Name Peter B. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter B. Cotter			Director Name Madeleine T. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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. 100 COMM NO PAR VALUE Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100 SHARES		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 Peter B. Cotter, President		Date April 22, 2024	
Signature of Authorized Representative 		FILED 4/16 APR 22 2024 BY <u>CA8410</u>			

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