RI SOS Filing Number: 202455291970 Date: 6/3/2024 4:00:00 PM

	111 000	ı ııııg	Numbe
	State of Rho		
Annual	Report for the	e year:	2024
Corpora	ation		
→ Fili	ng period: Feb	ruary 1	- May 1
7 FIII	ng Fee: \$50.0	U	

	Department	of State -	- Business	Services	Division
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s Services Division	FILED
	RECEIVED JUN 3 X 2024 SECRETARY OF STATE CORPORATIONS OBY
ed by May 31.	2024 JUN -3 PM 1:57
the Corporation Corp.	

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2. Exact name of	the Corporation				7	
35416	A.I. Realty Corp.						
3. Principal Office Address			City		State		Zip
5 Energy Way	·		-	Varwick	RI		02893
4. NAICS Code	Brief description	on of the character	of busines	s conducted in Rhode Isla	and		
531390	Rental real e	estate.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and add	resses)			Check the box	to indic	cate an atta	chment 🗆
President Name Michael J. Murphy			Vice-President Name Michael J. Murphy				
Street Address 2359 Division Road			Street Address 2359 Division Road				
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich State RI		^{Zip} 02818		
Secretary Name James R. Murp	hy		Treasurer Name Michael J. Murphy				
Street Address 5 Energy Way			Street Address same as above				
City West Warwick	State RI	^{Z_{IP}} 02893	City		State		Zip
8. List ALL directors (names and ad	dresses)		1	Check the box	to indi	cate an atta	chment 🔲
Director Name			Director Na	ime			
Street Address			Street Address				
Street Address			Succession of the succession o				
City	State	Zıp	City		State		Zip
Director Name	irector Name		Director Name				
Street Address			Street Address				
City	State	Zip	City		State		Zip
9. Shares Authorized		10. Shares Issue	q 	Check the box	k to indi	icate an att	achment 🔲
This information is currently of record	d in the	NUMBER OF SH					
Department of State. Changes require an additional filing.		5		voting common	no par value		
		95		nonvoting comm	<u> </u>		value
11. This report must be executed or	•	•	•	•	ition is i	in the hand	s of a re-
ceiver or trustee, this report must be Under penalty of periury. I declar					anvinc	schedule	s and
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				Date	- 0 4	211	
Michael J. Murphy, President				5	-29-	4	
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov