



State of Rhode Island  
Department of State - Business Services Division

FILED

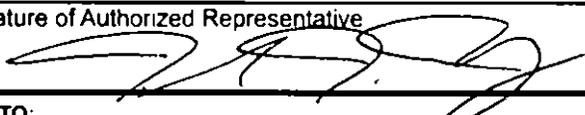
RECEIVED JUN 9 2024  
SECRETARY OF STATE  
CORPORATIONS BY 24713

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.

2024 JUN -3 PM 1:57

1. Entity ID Number <b>35416</b>		2. Exact name of the Corporation <b>A.I. Realty Corp.</b>				
3. Principal Office Address <b>5 Energy Way</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental real estate.</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Michael J. Murphy</b>			Vice-President Name <b>Michael J. Murphy</b>			
Street Address <b>2359 Division Road</b>			Street Address <b>2359 Division Road</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
Secretary Name <b>James R. Murphy</b>			Treasurer Name <b>Michael J. Murphy</b>			
Street Address <b>5 Energy Way</b>			Street Address <b>same as above</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	
			5		voting common	no par value
			95		nonvoting comm	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.						
<b>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.</b>						
Name of Authorized Representative <b>Michael J. Murphy, President</b>					Date <b>5-29-24</b>	
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