



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

STAMP

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 JUL 15 PM 1:28

FOR

1. Entity ID Number 000065233		2. Exact name of the Corporation GENSE REALTY, INC.			
3. Principal Office Address 17 Wells Street			City Westerly	State RI	Zip 02891
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Owning and holding of real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ronald J. Serra			Vice-President Name Gina M. Lynch		
Street Address 46 Sherwood Dr.			Street Address 10 Saratoga Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Ronald J. Serra			Treasurer Name Gina M. Lynch		
Street Address 46 Sherwood Dr.			Street Address 10 Saratoga Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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		
			100	Common	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 Gina M. Lynch					Date 7-1-24
Signature of Authorized Representative <i>Gina M. Lynch</i>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

JUL 15 2024

BY QFEMT  
AR

FORM 630 - Revised: 11/2021