



State of Rhode Island

Department of State - Business Services Division

AUG 13 2024

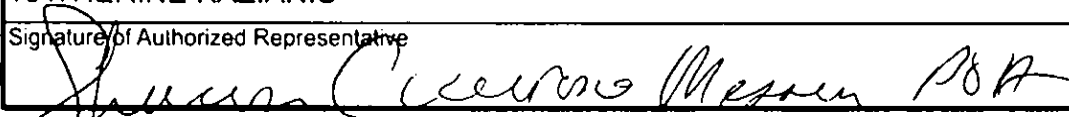
15608

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 13624		2. Exact name of the Corporation NYS REALTY CO., INC.			
3. Principal Office Address 12 WOODSTOCK LANE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
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 KATHERINE KAZIANIS			Vice-President Name KATHERINE KAZIANIS		
Street Address 12 WOODSTOCK LANE			Street Address 12 WOODSTOCK LANE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name KATHERINE KAZIANIS			Treasurer Name KATHERINE KAZIANIS		
Street Address 12 WOODSTOCK LANE			Street Address 12 WOODSTOCK LANE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KATHERINE KAZIANIS			Director Name		
Street Address 12 WOODSTOCK LANE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 100	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 KATHERINE KAZIANIS					Date
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

FORM 630 - Revised: 11/2021