



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation -

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

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BY

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1. Entity ID Number <b>000109824</b>		2. Exact name of the Corporation <b>Industrial Realty Corp</b>			
3. Principal Office Address <b>915 Smith Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>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>Bernice Tudino</b>			Vice-President Name <b>Bernice Tudino</b>		
Street Address <b>1615 Smith Street</b>			Street Address <b>1615 Smith Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Bernice Tudino</b>			Treasurer Name <b>Bernice Tudino</b>		
Street Address <b>1615 Smith Street</b>			Street Address <b>1615 Smith Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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>Bernice Tudino</b> <i>Bernice Tudino</i>					Date <b>1-10-25</b>
Signature of Authorized Representative					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov