RI SOS Filing Number: 202563456340 Date: 1/29/2025 4:00:00 PM

Annua
C

State of Rhode Island

Department of State - Business Services Division

al Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

FIELD	Ŗ.
JAN 2 9 2025 BY 15904	N.

Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.				•,		
1, Entity ID Number	2. Exact name of the Corporation							
000019963	Integrity Investments, Inc.							
3. Principal Office Address					State	Zip		
140 Reservoir Avenue		Provide	ence	RI 1	02907			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
531390	General Real Estate, Buying, Selling, Improving, Etc.							
5. State of Incorporation								
RI	ŀ							
7. List ALL officers (names and addresses) Check the box to indicate an attachment						te an attachment 🔲		
President Name Donald Smith			Vice-Presid	Vice-President Name				
Street Address 140 Reservoir Avenue			Street Add	Street Address				
^{City} Providence	State RI	^{Žip} 02907	Cily		State	Zip		
Secretary Name Douglas H. Sn	Smith			Treasurer Name Douglas H. Smith				
Street Address 140 Reservoir Avenue				Street Address 140 Reservoir Avenue				
^{City} Providence	State RI	^{Zip} 02907	City Prov	vidence	State R	Zip 02907		
8. List ALL directors (names and ad	dresses)			Check the	e box to indica	ite an attachment 🔲		
Donald Smith			Director Na	Director Name Douglas H. Smith				
Street Address 140 Reservoir Avenue		Street Add	Street Address 140 Reservoir Avenue					
^{City} Providence	State RI	^{Zip} 02907	City Prov	vidence	State R	1 02907		
Director Name		Director Na		•	•			
Street Address			Street Add	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized	10. Shares Issued Chec			Check th	e box to indic	ate an attachment		
This information is currently of record in the		NUMBER OF	F SHARES CLASS/S					
Changes require an additional filing.		600		Common]\	No Par		
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			Date					
Donald S. Smith				1/23/25				
Signature of Authorized Betresentative								
MAIL TO:								

Division of Business Services

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

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