


**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
FEB 03 2025
BY 12657
AA.

1. Entity ID Number 568		2. Exact name of the Corporation ALAN-BRIAN REALTY CO.			
3. Principal Office Address 33 COLLEGE HILL ROAD - SUITE 29D			City WARWICK		State RI
			Zip 02886		
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
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 BRIAN FRIEDMAN			Vice-President Name GARY FRIEDMAN		
Street Address 33 COLLEGE HILL ROAD -SUITE 29D			Street Address 33 COLLEGE HILL ROAD-SUITE 29D		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name BRIAN FRIEDMAN			Treasurer Name GARY FRIEDMAN		
Street Address 33 COLLEGE HILL ROAD - SUITE 29D			Street Address 33 COLLEGE HILL ROAD-SUITE 29D		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRIAN FRIEDMAN			Director Name GARY FRIEDMAN		
Street Address 33 COLLEGE HILL ROAD - SUITE 29D			Street Address 33 COLLEGE HILL ROAD-SUITE 29D		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMM	NO PAR VALU
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 BRIAN FRIEDMAN, PRESIDENT				Date 02/01/2025	
Signature of Authorized Representative Brian Friedman, President					

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