State of Rhode Island
Department of State - Business Services Division

FILED
FEB 10 2025
BY 9670
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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.

1. Entity ID Number	2. Exact name of the Corporation
000000577	ALBA REALTY, INC.

3. Principal Office Address	City	State	Zip
10 Old Jenckes Hill Road	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Real Estate
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Aldo A. Albanese	37 East Lantern Road	Smithfield	RI	02917

Vice-President Name	Street Address	City	State	Zip
Teena M. Bertrand	30 Pine Crest Drive	Glocester	RI	02857

Secretary Name	Street Address	City	State	Zip
Chris M. Albanese	10 Old Jenckes Hill Road	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Chris M. Albanese	10 Old Jenckes Hill Road	Lincoln	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Aldo A. Albanese	37 East Lantern Road	Smithfield	RI	02917

Director Name	Street Address	City	State	Zip
Teena M. Bertrand	30 Pine Crest Drive	Glocester	RI	02857

Director Name	Street Address	City	State	Zip
Chris M. Albanese	10 Old Jenckes Hill Road	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
399	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
Chris M. Albanese	✓ 02/02/2025

Signature of Authorized Representative
✓ Chris M. Albanese Treasurer

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 12/2023