



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 26 2025  
BY *[Signature]* SCAP

|                                                                                                                                                                                                                                                   |             |                                                                                                                            |                                                                                                                       |              |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| 1. Entity ID Number<br>133392                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>TORD REALTY CO., INC.                                                                  |                                                                                                                       |              |              |
| 3. Principal Office Address<br>55 Electronic Drive                                                                                                                                                                                                |             |                                                                                                                            | City<br>Warwick                                                                                                       | State<br>RI  | Zip<br>02888 |
| 4. NAICS Code<br>531110                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>Own, develop, lease and operate real estate |                                                                                                                       |              |              |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                   |             |                                                                                                                            |                                                                                                                       |              |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |             |                                                                                                                            |                                                                                                                       |              |              |
| President Name<br>William Tordoff, Jr.                                                                                                                                                                                                            |             |                                                                                                                            | Vice-President Name<br>Douglas W. Black                                                                               |              |              |
| Street Address<br>530 Spring Lake Road                                                                                                                                                                                                            |             |                                                                                                                            | Street Address<br>341 Thames St., #103 S                                                                              |              |              |
| City<br>Glendale                                                                                                                                                                                                                                  | State<br>RI | Zip<br>02826                                                                                                               | City<br>Bristol                                                                                                       | State<br>RI  | Zip<br>02809 |
| Secretary Name<br>William Tordoff, Jr.                                                                                                                                                                                                            |             |                                                                                                                            | Treasurer Name<br>Douglas W. Black                                                                                    |              |              |
| Street Address<br>530 Spring Lake Road                                                                                                                                                                                                            |             |                                                                                                                            | Street Address<br>341 Thames St., #103 S                                                                              |              |              |
| City<br>Glendale                                                                                                                                                                                                                                  | State<br>RI | Zip<br>02826                                                                                                               | City<br>Bristol                                                                                                       | State<br>RI  | Zip<br>02809 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |             |                                                                                                                            |                                                                                                                       |              |              |
| Director Name<br>William Tordoff, Jr.                                                                                                                                                                                                             |             |                                                                                                                            | Director Name<br>None                                                                                                 |              |              |
| Street Address<br>530 Spring Lake Road                                                                                                                                                                                                            |             |                                                                                                                            | Street Address                                                                                                        |              |              |
| City<br>Glendale                                                                                                                                                                                                                                  | State<br>RI | Zip<br>02826                                                                                                               | City                                                                                                                  | State        | Zip          |
| Director Name<br>None                                                                                                                                                                                                                             |             |                                                                                                                            | Director Name<br>None                                                                                                 |              |              |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                                            | Street Address                                                                                                        |              |              |
| City                                                                                                                                                                                                                                              | State       | Zip                                                                                                                        | City                                                                                                                  | State        | Zip          |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>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    |
|                                                                                                                                                                                                                                                   |             |                                                                                                                            | 100                                                                                                                   | Common       | 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<br>Douglas W. Black                                                                                                                                                                                             |             |                                                                                                                            |                                                                                                                       |              | Date         |
| Signature of Authorized Representative<br><i>[Signature]</i>                                                                                                                                                                                      |             |                                                                                                                            |                                                                                                                       |              |              |