



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
JUL 03 2025
BY 1136

1. Entity ID Number 11037		2. Exact name of the Corporation Torti Realty, Inc.			
3. Principal Office Address 721 Central Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Karen A. Torti			Vice-President Name Karen A. Torti		
Street Address 721 Central Avenue			Street Address 721 Central Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Karen A. Torti			Treasurer Name Karen A. Torti		
Street Address 721 Central Avenue			Street Address 721 Central Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Karen A. Torti			Director Name None		
Street Address 721 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		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 Karen A. Torti					Date 6/26/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov