



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Corporation

JAN 22 2021
 BY 153

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 24893		2. Exact name of the Corporation LEXINGTON REALTY INC			
3. Principal Office Address 54 MAUREEN DR			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island RENTAL OF BUILDING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN LUCA			Vice-President Name JUDY LUCA		
Street Address 9 MONTICELLO ST.			Street Address 9 MONTICELLO ST.		
City N. PROV	State RI	Zip 02904	City N. PROV	State RI	Zip 02904
Secretary Name CATHERINE ARRUDA			Treasurer Name JOSEPH ARRUDA		
Street Address 54 MAUREEN DR.			Street Address 54 MAUREEN DR.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			500	C N P	0.000
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 CATHERINE ARRUDA				Date 1/16/21	
Signature of Authorized Representative 					