RI SOS Filing Number: 202212851450 Date: 3/8/2022 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2022 **FILED** 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 000011037 TORTI REALTY, INC. 3. Principal Office Address City State Zip 721 Central Avenue **Johnston** RI 02919 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531390 REAL ESTATE HOLDING COMPANY 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Karen A. Torti President Name Karen A. Torti Street Address 721 Central Avenue Street Address 721 Central Avenue State ^{Zip} 02919 City Johnston ^{Z_{IP}} 02919 **Johnston** RI Secretary Name Karen A. Torti Treasurer Name Karen A. Torti Street Address 721 Central Avenue Street Address 721 Central Avenue ^{Zip} 02919 City Johnston Ž^{ip}02919 State State RI RI Johnston 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name None Director Name Karen A. Torti Street Address 721 Central Avenue Street Address ^{Zip}02919 City State Zip **Johnston** RI Director Name None Director Name None Street Address Street Address City State City State Zıp 9. Shares Authorized Check the box to indicate an attachment 10. Shares Issued NUMBER OF SHARES This information is currently of record in the Department of State. 200 Common No Par Value Changes require an additional filing. 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.

Karen A. Torti

Signature of Authorized Representative

Name of Authorized Representative

MAIL TÒ:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Date