RI SOS Filing Number: 202213136240 Date: 3/14/2022 4:00:00 PM

| our of Phodo Island | | | | | | | |
|---|-----------------------|---|--|-----------------------|----------------|----------------------------|--|
| Department of | | tess Services | Division | م بعضوص کارند | | - | |
| Annual Report for the | VRAF: nen | 100 | • | | | | |
| Corporation | | _ MAR 14 2022 | | | | | |
| → Filing period: January 1 | | | 00 | h | | | |
| → Filing Fee: \$50.00 | | | | BY | 12 | <u> </u> | |
| → Penalty: Additional \$25.0 | 00 fee if form is r | ot filed by April 1. | | RY | - O- | | |
| 1 Entity ID Number | | 2. Exact name of the Corporation | | | | | |
| 1 345 | ACTION | REALTY, INC. | | | | | |
| 3. Principal Office Address | | | | City State Zip | | | |
| 3 LCAMPBEIL STREET | | | | | RI | 02885 | |
| 4. NAICS Code | 6. Brief desc | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531210 | REAL ES | REAL ESTATE SALES AND SERVICE | | | | | |
| 5. State of Incorporation | | 1 | | | | | |
| RHODE ISLAND | | | | | | | |
| 7. List ALL officers (names and | addresses) | | | Chec | k the box to | indicate an attachment | |
| President Name NANCY ANN MUNROE | | | Vice-President Name NONE | | | | |
| | | | Street Address | | | | |
| Street Address 31 CAMPBELL STREET | | | on terrous and the second seco | | | | |
| City WARREN | State RI | Zip 02885 | City | - | State | Zip | |
| Secretary Name NANCY MAGEE | | | Treasurer Name NONE | | | | |
| | | | | | | | |
| Street Address 26 BETH AVENUE | | | Street Address | | | | |
| Crty WARREN | State RI | Z ^{rp} 02885 | Crty | | State | Zip | |
| | | 02883 | | _ | | | |
| 8 List AUL directors (names and Director Name NONE | d addresses) | | Durretor Nam | Chec | k the box to | indicate an attachment | |
| NONE | | | Director Name NONE | | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| | | | 1 | | | | |
| Director Name NONE | Director Name NONE | | | | | | |
| Street Address | Street Address | | | | | | |
| C+. | To | | | | | | |
| Спу | State | Zip | City | | State | Zιρ | |
| 9. Shares Authorized | | 10. Shares Is | sued | Chec | k the box to | Indicate an attachment | |
| This information is currently of re Department of State. | cord in the | NUMBER (| OF SHARES | CLASS/SERI | | PAR VALUE | |
| | | 925 | 925 | | | | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be execute | d on behalf of the | corporation by an | authorized repre | sentative if the corr | noration is in | the hands of a receiver or | |
| trustee, this report must be exer | cuted on behalf o | f the corporation by | the receiver or t | rustee | | | |
| Under penalty of perjury, I de statements, and that all states | ciare and affirm | that I have examin | ned this report. | including any acco | mpanying s | chedules and | |
| Name of Authorized Representa | ative | ाक्षणा भाष ४ ५५ ह | na correc <u>t.</u> | | Date | | |
| NANCY ANN MUNROE | | | 1 | 21 28/22. | | | |
| Signature of Authorized Representative | | | | | | | |
| Nancy a | | lumpaa | | | | | |
| - Juney | m pl | wow | _ | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov