RI SOS Filing Number: 202221143850 Date: 7/11/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

State of Rhode Island

Annual Report for the year Corporation			EUS SVCS DIV			
→ Filing period: February 1 - May 1			- 			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not	filed by May 31.				
Entity ID Number		of the Corporation	 _			-
0000 10291		·	REALIT	Y INC.		
Principal Office Address			City	T INC.	State	Zıp
5 PRUDRACE	E W		WAR	REW	RI	
4. NAICS Code	Brief descript	ion of the character	r of business co	onducted in Rhode Isl	and	
531120						
5. State of Incorporation	Daci	30 JT. 44	00	, A		- C . A. L
7. List ALL officers (names and addr	K-51	DEDITAL	RENTA			10, Sell, Rent
President Name	esses)		Vice-President	Check the Name	ne box to ind	licate an attachment 🔲
Street Address JAMIRI			DOUGLAS JAMIRL			
82 UNION ST			Street Address 51 ARRAWHEAD WAY			
	State	Zip 02809	City	WICK	State 1	Zip 20.0 (
Secretary Name			Treasurer Name	e	<u> </u>	03886
Street Address A			Street Address O			
5 PRUDRUCE LN			62 BRUJAMIN WAY			
City WARREN	State KI	Z1002855	Sycum V	APLINITH	State	A ZIP 03664
List ALL directors (names and add Director Name	Check the box to indicate an attachment					
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name		<u> </u>	
Street Address			Street Address			
City State Zin						
City	State	Zıp	City		State	Zıp
9. Shares Authorized						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SH	95.6644.7425		PAR VAI,UE	
		300		CNP_		\$ 0.00
11. This report must be executed an I	- h - H - C Ab	<u> </u>				
11 This report must be executed on t trustee, this report must be executed						
Under penalty of perjury, I declare	and affirm that	I have examined in	this report inc	luding any accomp	anying sch	edules and
statements, and that all statements contained herein are true and corre- Name of Authorized Representative					Date	
DOUGLAS, J			7-	6-22		
Signature of Authorized Representation	JAMIS	. ()		FILED		
- X Reylis	/ yan	<u> </u>		" K Kee Da L		
MAIL TO: Division of Business Services	′ /		J	UL 1 1 2022		
148 W. River Street, Providence, Rhode Isl	iand 02904-2615		DV M	1/1-11		
Phone: (401) 222-3040 Website: www.sos.ri.gov			0(42)	JVF Y.D U	/ FOR	M 630 - Revised: 11/2021