



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2023**  
Corporation

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

**FILED**

FEB 08 2023

BY: DS  
BY: DS

1 Entity ID Number <b>305</b>		2 Exact name of the Corporation <b>ACTION REALTY, INC.</b>	
3 Principal Office Address <b>31 CAMPBELL STREET</b>		City <b>WARREN</b>	State <b>RI</b>
		Zip <b>02885</b>	
4 NAICS Code <b>531210</b>	6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE SALES AND SERVICE</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>NANCY ANN MUNROE</b>		Vice-President Name <b>NONE</b>	
Street Address <b>31 CAMPBELL STREET</b>		Street Address	
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City <b></b>
		State <b></b>	Zip <b></b>
Secretary Name <b>NANCY MAGEE</b>		Treasurer Name <b>NONE</b>	
Street Address <b>26 BETH AVENUE</b>		Street Address	
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City <b></b>
		State <b></b>	Zip <b></b>
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>925</b>	<b>NO PAR VALUE</b>
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 <b>NANCY ANN MUNROE</b>		Date <b>1/25/2023</b>	
Signature of Authorized Representative <i>Nancy Ann Munroe</i>			

MAIL TO:  
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