



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED STAMP
 MAR 07 2023
 BY 655 TB

- 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 000011037		2. Exact name of the Corporation Torti Realty, Inc.			
3. Principal Office Address 721 Central Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen A. Torti			Vice-President Name Karen A. Torti		
Street Address 721 Central Avenue			Street Address 721 Central Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Karen A. Torti			Treasurer Name Karen A. Torti		
Street Address 721 Central Avenue			Street Address 721 Central Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen A. Torti			Director Name None		
Street Address 721 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
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
		200		Common	No Par Value
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 Karen A. Torti				Date 3/3/2023	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov