



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 8673		2. Exact name of the Corporation Santurri Realty, Inc.			
3. Principal Office Address c/o Dennis DeSantis, 2220 Plainfield Pike		City Cranston		State RI	Zip 02921
4. Business Phone Number: 401-272-5053		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Santurri			Vice-President Name Rocco Santurri		
Street Address 66 A Street			Street Address 9863 Leeward Avenue		
City Cranston	State RI	Zip 02920	City Key Largo	State FL	Zip 33037
Secretary Name Thomas Santurri			Treasurer Name Thomas Santurri		
Street Address 103 Grand Oak Circle			Street Address 103 Grand Oak Circle		
City Venice	State FL	Zip 34292	City Venice	State FL	Zip 34292
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Santurri			Director Name Rocco Santurri		
Street Address 66 A Street			Street Address 9863 Leeward Avenue		
City Cranston	State RI	Zip 02920	City Key Largo	State FL	Zip 34292
Director Name Thomas Santurri			Director Name		
Street Address 103 Grand Oak Circle			Street Address		
City Venice	State FL	Zip 34292	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
400		Common		No Par	
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 Robert Santurri					Date 12/19/16
Signature of Authorized Representative <i>Robert Santurri</i>					FILED

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2016