



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 6849		2. Exact name of the Corporation ANTONIO MANNA REALTY, INC.			
3. Principal Office Address 107 Dante Street			City Providence	State RI	Zip 02908
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Real Estate Business			
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 Susan F. Cardosi			Vice-President Name Stephen G. Giacobbi		
Street Address 107 Dante Street			Street Address 107 Dante Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Susan F. Cardosi			Treasurer Name Stephen G. Giacobbi		
Street Address 107 Dante Street			Street Address 107 Dante Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan F. Cardosi			Director Name		
Street Address 107 Dante Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
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	C1 A 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 Stephen G. Giacobbi				Date 4-19-17	
Signature of Authorized Representative <i>Stephen G. Giacobbi</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 20 2017

BY 301418

FORM 630 - Revised: 10/2016

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