State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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

RECEIVED
2018 FEB 12 PM 2:
SECRETARY OF STATE
CORPORATION

1. Entity ID Number	2. Exact name of the Corporation			
21699	Napolitano Realty, Inc.			
3. Principal Office Address		City	State	Zip
37 Thurber Blvd, Building B		Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339116	To maintain and operate a Dental Laboratory			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Richard Napolitano			Vice-President Name: Maria Napolitano		
Street Address: 37 Thurber Blvd, Building B			Street Address: 37 Thurber Blvd, Building B		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Richard Napolitano			Treasurer Name: Maria Napolitano		
Street Address: 37 Thurber Blvd, Building B			Street Address: 37 Thurber Blvd, Building B		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Richard Napolitano			Director Name: Maria Napolitano		
Street Address: 37 Thurber Blvd, Building B			Street Address: 37 Thurber Blvd, Building B		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	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	Date
Richard Napolitano	2-2-2018

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 12 2018

5002

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

FORM 630 - Revised: 10/2016