RI SOS Filing Number: 201859055360 Date: 2/23/2018 4:00:00 PM

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.

STAMP

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2018 FEB 23 A 8:33
SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation			
6849	ANTONIO MANNA REALTY, INC.			
3. Principal Office Address		City	State	Zip
107 Dante Street		Providence	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Real estate business			
5. State of Incorporation				
Rhode Island				

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

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 ☐

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

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 ☐

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: 1/24/2018

Signature of Authorized Representative: Stephen G. Giacobbi

SIGN DOCUMENT **FILED**

FEB 23 2018

BY 6389

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: 10/2017