



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

FORM 630
 REVISED 10/2017

1. Entity ID Number 114827		2. Exact name of the Corporation Joseph Martino Realtors, Inc.									
3. Principal Office Address 228 High Service Avenue				City North Providence		State RI		Zip 02911			
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Buying, selling, leasing, rental, operation, and management of real estate and real property.									
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 Joseph Martino				Vice-President Name Joseph Martino							
Street Address 228 High Service Avenue				Street Address 228 High Service Avenue							
City North Providence		State RI		Zip 02904		City North Providence		State RI		Zip 02904	
Secretary Name Joseph Martino				Treasurer Name Joseph Martino							
Street Address 228 High Service Avenue				Street Address 228 High Service Avenue							
City North Providence		State RI		Zip 02904		City North Providence		State RI		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name				Director Name							
Street Address				Street Address							
City		State		Zip		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 <input type="checkbox"/>							
				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 Joseph Martino, President									Date 3/4/18		
Signature of Authorized Representative <i>Joseph Martino, Pres.</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

MAR 23 2018

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