



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

Annual Report for the year: **2019**
Corporation

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

FILED

DEC 31 2018

BY ROC 6897

1. Entity ID Number 58720		2. Exact name of the Corporation CIRCLE REALTY, INC.			
3. Principal Office Address P.O. Box 19254		City Johnston		State RI	Zip 02919
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island General Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael W. Santagata			Vice-President Name None		
Street Address P.O. Box 19254			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Michael W. Santagata			Treasurer Name Michael W. Santagata		
Street Address P.O. Box 19254			Street Address P.O. Box 19254		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			2,000		Common
			PAR VALUE		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 Michael W. Santagata					Date 12-28-18
Signature of Authorized Representative 					

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