



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
FOR  
SECRETARY OF STATE  
USE ONLY

2019 FEB 15 AM 11:28

1. Entity ID Number <u>000141474</u>		2. Exact name of the Corporation <u>Natalie Realty, Inc.</u>	
3. Principal Office Address <u>1524 Atwood Ave. Ste 244</u>		City <u>Johnston</u>	State <u>RI</u>
4. NAICS Code <u>811111</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>To operate, own, manage and maintain real estate.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Albert J. Marano, M.D.</u>		Vice-President Name <u>None</u>	
Street Address <u>1239 Hartford Ave.</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Secretary Name <u>Albert J. Marano, M.D.</u>		Treasurer Name <u>Albert J. Marano, M.D.</u>	
Street Address <u>1239 Hartford Ave</u>		Street Address <u>1239 Hartford Ave.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Albert J. Marano, M.D.</u>		Director Name <u>None</u>	
Street Address <u>1239 Hartford Ave.</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>8,000</u>	
		<u>cwp</u>	
		<u>\$0.0100</u>	
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 <u>Albert J. Marano, M.D.</u>			Date <u>2/13/19</u>
Signature of Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE <b>FILED</b>