



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

2019 MAR 18 PM 12:00

1. Entity ID Number 21145		2. Exact name of the Corporation QUIDNICK REALTY, INC.			
3. Principal Office Address 417 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 53 1110		6. Brief description of the character of business conducted in Rhode Island Real estate investments			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Iannotti			Vice-President Name Christopher A. Iannotti		
Street Address 417 Washington Street			Street Address 417 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Leslie J. Iannotti			Treasurer Name Gregory Iannotti		
Street Address 417 Washington Avenue			Street Address 417 Washington Steet		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Iannotti			Director Name Christopher Iannotti		
Street Address 417 Washington Street			Street Address 417 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		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. <i>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.</i>					
Name of Authorized Representative GREGORY IANNOTTI					Date 3/13/19
Signature of Authorized Representative 					

SIGN DOCUMENT **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 18 2019
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