

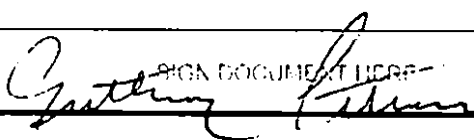


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 20 AM 11:28

1. Entity ID Number 17670		2. Exact name of the Corporation PETRARCA REALTY, INC.			
3. Principal Office Address 5 HILLSIDE ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL				
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 ANTHONY PETRARCA			Vice-President Name ANTHONY PETRARCA		
Street Address 5 HILLSIDE ROAD			Street Address 5 HILLSIDE ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name DINA PETRARCA			Treasurer Name ANTHONY S PETRARCA		
Street Address 5 HILLSIDE ROAD			Street Address 5 HILLSIDE ROAD		
City CUMBERLAND	State	Zip 02864	City CUMBERLAND	State	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY PETRARCA			Director Name		
Street Address 5 HILLSIDE ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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		
			250 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 ANTHONY PETRARCA					Date
Signature of Authorized Representative 					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 20 2019
BY **ZD/95**
A.A.

FORM 630 - Revised: 02/2017