RI SOS Filing Number: 202032982600 Date: 1/22/2020 4:00:00 PM



## **Department of State - Business Services Division**

Carnaratian	Υ,	ino your.	2020		
Corporation					

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

State of Rhode Island and Department of State  Applicati Report for the year		vision		FILED	***				
Annual Report for the year: 2020 Corporation				<b>JA</b> I	V 2 2 20	20			
<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>				BY	34%	222 OS			
1. Entity ID Number	2. Exact name of	· ·							
000081015	Pullano Realty, Inc.								
3 Principal Office Address 3618-20 West Shore Road			City Warwick		State RI	Zip <b>02886</b>			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
531120	To buy and self real estate, collect rents, manage real estate.								
5. State of Incorporation RI									
7. List ALL officers (names and add	resses)			Check th	e box to in	dicate an attachment 🔲			
President Name Ernest Pullano			Vice-President Name Ernest Pullano						
Street Address 3618-20 West Shore Road			Street Address 3618-20 West Shore Road						
Cily Warwick	State RI	<sup>Zıp</sup> 02886	City Warwick		State RI	Z <sub>ID</sub> 02886			
Secretary Name Ernest Pullano			Treasurer Name Ernest Pullano						
Street Address 3618-20 West Shore Road			Street Address 3618-20 West Shore Road						
City Warwick	State RI	<sup>Zıp</sup> 02886	City Warwick		State RI	<sup>Z<sub>1</sub>p</sup> <b>02886</b>			
8. List ALL directors (names and ad	dresses)		T		e box to in	dicate an attachment 🔲			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name			Director Name						
Stree: Address			Street Address						
City	State	Zip	City		State	Zip			
9 Shares Authorized				Check th	neck the box to indicate an attachment				
This information is currently of record in the Department of State. Changes require an additional filing.		1,000				PAR VALUE 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 Date						<u>-</u>			
Ernest Pullano	1-16-2020								
Signature of Authorized Representative SIGN EXCEPTENT HERE									
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.r.gcv