



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

FILED

JAN 21 2020

0546

Annual Report for the year: 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.

1 Entity ID Number 7045		2 Exact name of the Corporation FORTUNE 500, INC.			
3 Principal Office Address P. O. Box 7537			City Warwick	State RI	Zip 02887
4 NAICS Code 531110		6 Brief description of the character of business conducted in Rhode Island Building, Developing, Selling and Leasing of Real Estate			
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 John B. Giusti			Vice-President Name Jeffrey Giusti		
Street Address 505 Red Chimney Drive			Street Address 39 Chase Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02818
Secretary Name John B. Giusti			Treasurer Name John B. Giusti		
Street Address 505 Red Chimney Drive			Street Address 505 Red Chimney Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
This information is currently of record in the Department of State.		PAR VALUE		No Par	
Changes require an additional filing.					
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 John B. Giusti				Date 1/6/2020	
Signature of Authorized Representative <i>John B. Giusti</i>					

MAIL TO:
 Division of Business Services
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