RI SOS Filing Number: 202033830900 Date: 2/4/2020 4:00:00 PM

	State of Rhode Island
(JUR)	Donoutmont of

d and Providence Plantations

Department of State - Business Services Division

FEB 04 2020

FILED

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 n	ot filed by April 1.			_				
Entity ID Number	2. Exact nam	ne of the Corporatio	n						
3641	CARLTO	CARLTON REALTY, INC.							
3. Principal Office Address			City	·	State	Zip			
1400 Elmwood Avenue			Cranston		RI	02910			
4. NAICS Code	6. Bnef desc	6. Bnef description of the character of business conducted in Rhode Island							
531110		Real Estate							
5. State of Incorporation									
Rhode Island	ı								
7. List ALL officers (names and	d addresses)				the box to i	ndicate an attachment			
President Name Vincent R. DelBuono			Vice-President Name Marie DelBuono						
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue						
City Cranston	State RI	^{Zip} 02910	City Cranston			State RI Zip 02910			
Secretary Name James DelBu	ono	!	Treasurer Nar	Treasurer Name Marie DelBuono					
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue						
City Cranston	State RI	^{Zip} 02910			State RI	^{Zip} 02910			
8. List Al.L directors (names a	nd addresses)	<u>.</u>	1	Check	the box to	indicate an attachment			
Director Name None			Director Name	Director Name None					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Disastas Nama			Dispetas Name	_ •					
Director Name None			Director Name	Director Name					
Street Address			Street Address						
City	State	Zip	City	<u></u>	State	Zıp			
9. Shares Authorized		10. Shares Is:	sued	Check	the box to	indicate an attachment			
This Information is currently of record in the			ER OF SHARES CLASS/SERIES PAR VALUE						
Department of State. Changes require an additional filling.		600	600		Common				
				· · · · · · · · · · · · · · · · · · ·					
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	I sentative. If the corp	oration is in	the hands of a receiver or			
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or t	rustee.					
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 / 1									
Vincent R. DelBuono									
Signature of Authorized Representative SIGN DOCUMENT HERE									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Wobsite: www.sos.ri.gov