



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

DEC 28 2020

BY

3591 DS

1. Entity ID Number 8673		2. Exact name of the Corporation Santurri Realty, Inc.			
3. Principal Office Address c/o Dennis DeSantis Ltd. - 2220 Plainfield Pike			City Cranston	State RI	Zip 02921
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert Santurri			Vice-President Name Rocco Santurri		
Street Address 66 A Street			Street Address 310 Capulet Drive		
City Cranston	State RI	Zip 02920	City Venice	State FL	Zip 34292
Secretary Name Thomas Santurri			Treasurer Name Thomas Santurri		
Street Address 103 Grand Oak Circle			Street Address 103 Grand Oak Circle		
City Venice	State FL	Zip 34292	City Venice	State FL	Zip 34292
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Robert Santurri			Director Name Rocco Santurri		
Street Address 66 A Street			Street Address 310 Capulet Drive		
City Cranston	State RI	Zip 02920	City Venice	State FL	Zip 34292
Director Name Thomas Santurri			Director Name		
Street Address 103 Grand Oak Circle			Street Address		
City Venice	State FL	Zip 34292	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		400	Common	No Par	
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 Robert Santurri				Date 12/21/20	
Signature of Authorized Representative <i>Robert R. Santurri</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020