



State of Rhode Island  
Department of State - Business Services Division

**FILED**

JAN 07 2021 *OR*

1925

**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.

1. Entity ID Number 40925		2. Exact name of the Corporation CARMELOT REALTY, INC.			
3. Principal Office Address 643 SAINT PAUL STREET			City NORTH SMITHFIELD	State R.I.	Zip 02896
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Realestate rental			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Carmella M. Gallant			Vice-President Name Robert R. Gallant		
Street Address 664 Black Pain Rd.			Street Address 664 Black Plain Rd.		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Carmella M. Gallant			Treasurer Name Robert R. Gallant		
Street Address 664 Black Plain Rd.			Street Address 664 Black Plain Rd/.		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Carmella M. Gallant			Director Name Robert R. Gallant		
Street Address 664 Black Plain Rd.			Street Address 664 Black Plain Rd.		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200		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. <b>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.</b>					
Name of Authorized Representative Robert R. Gallant				Date 1/5/2021	
Signature of Authorized Representative 					