



State of Rhode Island

## Department of State - Business Services Division

**FILED**

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.

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 BY 15053  
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1. Entity ID Number 000073008		2. Exact name of the Corporation CARDINAL MANAGEMENT CO			
3. Principal Office Address 367 EAST GREENWICH AVENUE			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island LAND MANAGEMENT AND DEVELOPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOSEPH NERONE			Vice-President Name LINDA NERONE		
Street Address 367 EAST GREENWICH AVENUE			Street Address 367 EAST GREENWICH AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name JOSEPH NERONE			Treasurer Name LINDA NERONE		
Street Address 367 EAST GREENWICH AVENUE			Street Address 367 EAST GREENWICH AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		
			CLASS/SERIES		PAR VALUE
			600	CNP	\$0.00
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 LINDA NERONE, VP					Date 01.01.2021
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov