

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

FILED

JAN 12 2021

1823

Annual Report for the year:

Corporation 2021

- 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 68193		2. Exact name of the Corporation Superior Renalty, Inc.				
3. Principal Office Address 155 South Main Street Unit 100			City Providence	State RI	Zip 02903	
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Investment and Rentals				
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 Salvatore Santilli			Vice-President Name			
Street Address 155 South Main Street Unit 100			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/ES	PAR VALUE	
		0			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.						
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 Salvatore Santilli				Date 1/6/2021		
Signature of Authorized Representative <i>Salvatore Santilli</i>						

MAIL TO:

Division of Business Services
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 Website: www.sos.ri.gov
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