



State of Rhode Island and Providence Plantations

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.

1. Entity ID Number <u>5255</u>		2. Exact name of the Corporation <u>Fuella Investment Inc.</u>	
3. Principal Office Address <u>288 Cranston ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Rental</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>John Fuella Jr</u>		Vice-President Name <u>Joseph Fuella</u>	
Street Address <u>71 Beechwood Dr</u>		Street Address <u>35 Lauren CT</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02921</u>		Zip <u>02921</u>	
Secretary Name <u>John Fuella Jr</u>		Treasurer Name <u>Joseph Fuella</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>300</u>	CLASS/SERIES <u>Com</u>
		PAR VALUE <u>No par Value</u>	
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 <u>John Fuella Jr</u>		Date <u>2-4-21</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 04 2021

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