RI SOS Filing Number: 202193533460 Date: 3/3/2021 4:00:00 PM

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.

RECEIVED
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BUS SVCS DIV
2021 MAR -3 P 3:45

1. Entity ID Number	2. Exact name of the Corporation			
91816	BERGI REALTY, INC.			
3. Principal Office Address		City	State	Zip
15 ROYAL AVENUE		CRANSTON	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	PURCHASE, SALE AND HOLDING OF REAL ESTATE			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: BENNY L. BERGANTINO			Vice-President Name: BENEDETTO L. BERGANTINO		
Street Address: 71 KERRI LYN ROAD			Street Address: 15 ROYAL AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: CRANSTON	State: RI	Zip: 02920
Secretary Name: DAWN E. BERGANTINO			Treasurer Name: BENNY L. BERGANTINO		
Street Address: 15 ROYAL AVENUE, APT #2			Street Address: 71 KERRI LYN ROAD		
City: CRANSTON	State: RI	Zip: 02920	City: WARWICK	State: RI	Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: BENNY L. BERGANTINO			Director Name: DAWN E. BERGANTINO		
Street Address: 71 KERRI LYN ROAD			Street Address: 15 ROYAL AVENUE, APT #2		
City: WARWICK	State: RI	Zip: 02889	City: CRANSTON	State: RI	Zip: 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	CLASS/SERIES	PAR VALUE
100	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: BENNY L. BERGANTINO

Date: 2/28/2021

Signature of Authorized Representative

FILED

MAR 03 2021

BY Ck# 4269

3:45

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