



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR 3 3:45

1. Entity ID Number 91816		2. Exact name of the Corporation BERGI REALTY, INC.			
3. Principal Office Address 15 ROYAL AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island 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 100	CLASS/SERIES COMMON	PAR VALUE 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

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

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BY CA# 4269
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FORM 630 - Revised: 08/2020