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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 17 2021
BY

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	2. Exact name of the Corporation			
90622	MONTELLA PROPERTIES, INC.			
3. Principal Office Address		City	State	Zip
3 Testa Circle		Scituate	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	To purchase, sell, develop, repair, maintain, own, hold, rent, lease mortgage or finance real estate			
5. State of Incorporation				
Rhode Island				

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

President Name: Vincent A. Montella			Vice-President Name: Vincent A. Montella		
Street Address: 3 Testa Circle			Street Address: 3 Testa Circle		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857
Secretary Name: Vincent A. Montella			Treasurer Name: Vincent A. Montella		
Street Address: 3 Testa Circle			Street Address: 3 Testa Circle		
City: Scituate	State: RI	Zip: 02857	City: Scituate	State: RI	Zip: 02857

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

Director Name: Vincent A. Montella			Director Name		
Street Address: 3 Testa Circle			Street Address		
City: Scituate	State: RI	Zip: 02857	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	None

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	Date
Vincent A. Montella, President	3/8/21
Signature of Authorized Representative: Vincent A Montella Pres	

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