RI SOS Filing Number: 202212230660 Date: 2/25/2022 4:00:00 PM

State of Rhode Island Department of S	Division		FILED				
Annual Report for the			FEB 2 5 20	27			
Annual Report for the year: 2022  Corporation  → Filing period: February 1 - May 1			_		148 2 2 5 ch		
			24 11 11 X				
→ Filing Fee: \$50.00	· Way			B)		$\sqrt{\ \ }$	
→ Penalty: Additional \$25.0	0 fee if form is not fil	ed by May 31.					
Entity ID Number		2. Exact name of the Corporation					
000096066	C-Thru Re	C-Thru Realty Co. Ltd.					
Principal Office Address			City		State	Zip	
59 Baker Street		Warren		R. I.	02885		
4. NAICS Code	6. Brief description	on of the charac	ter of business co	onducted in Rhode Is	land	<del></del>	
531120	Realty	Realty					
5. State of Incorporation		1					
Rhode Island							
7. List ALL officers (names and		Check the box to indicate an attachment					
President Name David P. Cioe			Vice-President Name David P. Cioe				
Street Address 59 Baker Street			Street Address 59 Baker Street				
<sup>City</sup> Warren	State R. I.	<sup>Zip</sup> 02885	City Warren		State R. I.	<sup>Zip</sup> 02885	
Secretary Name David P. Cioe			Treasurer Name David P. Cioe				
Street Address 59 Baker Street	Street Address 59 Baker Street						
<sup>City</sup> Warren	State R. I.	<sup>Zip</sup> 02885	<sup>City</sup> Warren		State R. I.	<sup>Zip</sup> 02885	
8. List ALL directors (names and	d addresses)	<u> </u>		Check t	he box to indica	te an attachment 🗆	
Director Name David P. Cioe			Director Name				
Street Address 59 Baker Street			Street Address				
<sup>City</sup> Warren	State R. I.028	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss			he box to indica	te an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES No.		PAR VALUE	
Changes require an additional filing.		100		Common No		o Par	
11. This report must be supported	nd on hohalf of the	possiles by an a	uthorized cases	ontativo létha assa	ration in in the b	ande of a constitute of	
<ol> <li>This report must be execute trustee, this report must be exe</li> </ol>					auon is in the na	anus or a receiver of	
Under penalty of perjury, I de	clare and affirm that	I have examin	ed this report, in		panying sched	ules and	
statements, and that all states Name of Authorized Representa		rein are true an	a correct.		Date	<u> </u>	
David P. Cioe					January 18, 2022		

MAIL TO:

**Division of Business Services** 

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov