



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

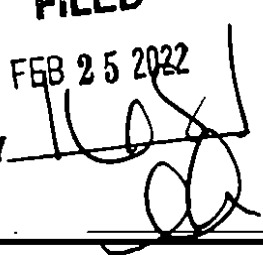
→ Filing period: February 1 - May 1

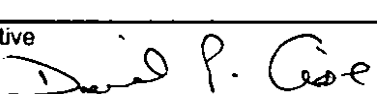
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 25 2022

BY 

1. Entity ID Number 000096066		2. Exact name of the Corporation C-Thru Realty Co. Ltd.			
3. Principal Office Address 59 Baker Street			City Warren	State R. I.	Zip 02885
4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island Realty				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					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		
City Warren	State R. I.	Zip 02885	City Warren	State R. I.	Zip 02885
Secretary Name David P. Cioe			Treasurer Name David P. Cioe		
Street Address 59 Baker Street			Street Address 59 Baker Street		
City Warren	State R. I.	Zip 02885	City Warren	State R. I.	Zip 02885
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name David P. Cioe			Director Name		
Street Address 59 Baker Street			Street Address		
City Warren	State R. I.	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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 David P. Cioe				Date January 18, 2022	
Signature of Authorized Representative 					

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: 11/2021