State of Rhode Island

Department of State - Business Services Division

FILED
FEB 25 2022
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
000096066	C-Thru Realty Co. Ltd.			
3. Principal Office Address		City	State	Zip
59 Baker Street		Warren	R. I.	02885
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531120	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.028	Zip	City	State	Zip
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	Date
David P. Cioe	January 18, 2022

Signature of Authorized Representative: David P. Cioe

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