



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2022

→ 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 2/5/2229

1. Entity ID Number <u>000122802</u>			2. Exact name of the Corporation <u>Fletcher Realty Inc</u>		
3. Principal Office Address <u>10 Fletcher Ave.</u>			City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Rental Property</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Gina Goncalo</u>			Vice-President Name <u>Gina Goncalo</u>		
Street Address <u>10 Fletcher Ave.</u>			Street Address <u>10 Fletcher Ave</u>		
City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>
Secretary Name <u>Gina Goncalo</u>			Treasurer Name <u>Gina Goncalo</u>		
Street Address <u>10 Fletcher Ave.</u>			Street Address <u>10 Fletcher Ave</u>		
City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>R.I.</u>	Zip <u>02920</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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 <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>None</u>
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 <u>Gina Goncalo</u>				Date <u>2-21-2022</u>	
Signature of Authorized Representative <u>Gina Goncalo</u> <u>2-21-2022</u>					

MAIL TO:

Division of Business Services

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