



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 25 2022

BY 2/5/22
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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 <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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov