



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2022 MAR 15 AM 11:39

1. Entity ID Number 000791093		2. Exact name of the Corporation Whitby, Santarlaschi & Co., Inc.			
3. Principal Office Address 626 Flatbush Ave., Apt 20J			City Brooklyn	State NY	Zip 11225
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island investment banking/financial advisory			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH HOWARD SANTARLASCHI			Vice-President Name		
Street Address 626 Flatbush Ave., Apt 20J			Street Address		
City Brooklyn	State NY	Zip 11225	City	State	Zip
Secretary Name ELIZABETH ANN STANTON			Treasurer Name JOSEPH HOWARD SANTARLASCHI		
Street Address 626 Flatbush Ave., Apt 20J			Street Address 626 Flatbush Ave., Apt 20J		
City Brooklyn	State NY	Zip 11225	City Brooklyn	State NY	Zip 11225
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELIZABETH ANN STANTON			Director Name		
Street Address 626 Flatbush Ave., Apt 20J			Street Address		
City Brooklyn	State NY	Zip 11225	City	State	Zip
Director Name			Director Name		
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		CLASS/SERIES	PAR VALUE
		1,500		CWP	\$0.0100
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 ELIZABETH ANN STANTON				Date 12/06/2021	
Signature of Authorized Representative 			FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 15 2022
 BY **2F7DD**
A.A. 11:40 A.M.
 FORM 630 - Revised: 08/2020