




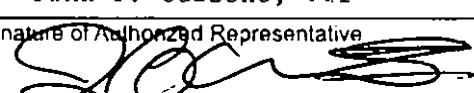
State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**  
**Corporation**

FEB 13 2023 STAMP  
 BY 3702  


- 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 <b>000004958</b>		2. Exact name of the Corporation <b>County Road Realty Corporation</b>			
3. Principal Office Address <b>1580 Wampanoag Trail, #200E</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John F. Cuzzone, III</b>		Vice-President Name <b>Christopher E. Cuzzone</b>			
Street Address <b>12 Pine Cone Dr.</b>		Street Address <b>25 Knapton St.</b>			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Christopher E. Cuzzone</b>		Treasurer Name <b>John F. Cuzzone, III</b>			
Street Address <b>Same as above</b>		Street Address <b>Same as above</b>			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John F. Cuzzone, III</b>		Director Name <b>Christopher E. Cuzzone</b>			
Street Address <b>Same as above</b>		Street Address <b>Same as above</b>			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>600</b>		<b>Common</b>	<b>No par value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>John F. Cuzzone, III</b>				Date <b>2/10/2023</b>	
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