



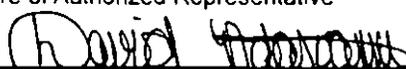
State of Rhode Island
Department of State - Business Services Division

STG-17

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 DEPT. OF STATE
 2023 MAR 7

| | | | | | |
|--|--------------------|---|--|------------------------|---------------------|
| 1. Entity ID Number 018137 | | 2. Exact name of the Corporation NOTARIANNI REALTY, INC. 2023 MAR -7 P 1:26 | | | |
| 3. Principal Office Address 50 LIBERA STREET | | | City CRANSTON | State RI | Zip 02920 |
| 4. NAICS Code 531190 | | 6. Brief description of the character of business conducted in Rhode Island OWN & LEASE REAL ESTATE | | | |
| 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 MICHAEL J. NOTARIANNI | | | Vice-President Name DAVID NOTARIANNI | | |
| Street Address 50 LIBERA STREET | | | Street Address 11 CARAWAY DRIVE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02921 |
| Secretary Name MICHAEL J. NOTARIANNI | | | Treasurer Name DAVID NOTARIANNI | | |
| Street Address 50 LIBERA STREET | | | Street Address 11 CARAWAY DRIVE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02921 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| 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 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 | |
| | | 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 DAVID NOTARIANNI | | | | Date 2.22.23 | |
| 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 07 2023
 BY SG MFP
 1:26