



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 09 2023
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- 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 001737499		2. Exact name of the Corporation Turano Enterprises, Inc.			
3. Principal Office Address 3 George Street		City Westerly		State RI	Zip 02891
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island Cabinet design and retail, construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Turano			Vice-President Name Kathleen Murray		
Street Address 3 George Street			Street Address 3 George Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Charles Turano			Treasurer Name Charles Turano		
Street Address 3 George Street			Street Address 3 George Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Turano			Director Name Kathleen Murray		
Street Address 3 George Street			Street Address 3 George Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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
			2000		Common
					PAR VALUE
					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 Charles Turano					Date 3/6/23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov