




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation _____

MAR 10 2023

7039 *a*

- 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 58720		2. Exact name of the Corporation CIRCLE REALTY, INC.			
3. Principal Office Address P.O. Box 19254			City Johnston	State RI	Zip 02919
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island General 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 W. Santagata			Vice-President Name None		
Street Address P.O. Box 19254			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Michael W. Santagata			Treasurer Name Michael W. Santagata		
Street Address P.O. Box 19254			Street Address P.O. Box 19254		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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	
		2,000		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 Michael W. Santagata					Date 3-1-2023
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov