

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2023

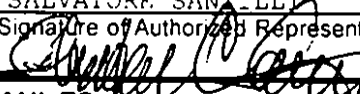
- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 16 2023

BY

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| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| 1. Entity ID Number 68193 | | 2. Exact name of the Corporation Superior Renalty, Inc. | | | |
| 3. Principal Office Address 155 SOUTH MAIN STREET, SUITE 100 | | City Providence | | State RI | Zip 02903 |
| 4. NAICS Code 531110 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS AND RENTALS | | | |
| 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 SALVATORE SANTILLI | | | Vice-President Name | | |
| Street Address 155 SOUTH MAIN STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02903 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SER ES | PAR VALUE |
| | | | 0 | | 0.00 |
| 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 SALVATORE SANTILLI | | | | Date 3/14/2023 | |
| 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
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