RI SOS Filing Number: 202331371510 Date: 3/17/2023 4:00:00 PM

Department of Star		s Services D	ivision		FIL	.ED	
Annual Report for the year: 2023  Corporation			MAR 17 2023				
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul>			3V 7943				
Entity ID Number 2. Exact name of the Corporation							
St. Angelo Realty Company							
3. Principal Office Address 11 Fessenden Road			City Barringto	n	State RI	Zip 02806	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode				and		
531390	Buying, selling, leasing, management of real estate						
5. State of Incorporation							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment   Vice-President Name  Vice-President Name							
John St. Angelo			John St. Angelo				
Street Address 11 Fessenden Road			Street Address 11 Fessenden Road				
	State RI	<sup>Zip</sup> 02806	City Barring	gton	State RI	<sup>Zip</sup> 02806	
Secretary Name John St. Angelo			Treasurer Name John St. Angelo				
Street Address 11 Fessenden Road			Street Address 11 Fessenden Road				
City Barrington	State RI	<sup>Žip</sup> 02806	City Barrington		State RI	<sup>Zip</sup> 02806	
8. List ALL directors (names and addresses)  Director Name			Check the box to indicate an attachment				
John St. Angelo				Director Name			
Street Address 11 Fessenden Road			Street Address				
City Barrington	State RI	<sup>Zip</sup> 02806	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check th	e box to ir	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES  Common N		PAR VALUE	
Changes require an additional filing.		230		No pa		No par value	
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					Date		
John St. Angelo Signature of Authorized Representative							
AM IN ID							
MAIL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov