



State of Rhode Island

## Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 AUG 18 4:06

1. Entity ID Number <u>001241692</u>		2. Exact name of the Corporation <u>CD GRAZIANO REAL ESTATE &amp; Development CO.</u>	
3. Principal Office Address <u>8 Penny Lane</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>531190</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate purchase, sales and development</u>	
5. State of Incorporation <u>RI</u>		Zip <u>02921</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Charlene Marasco</u>		Vice-President Name <u>Davide C. Broccoli</u>	
Street Address <u>34 Colonial Way</u>		Street Address <u>285 Charles Street</u>	
City <u>Rehoboth</u>	State <u>MA</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02769</u>		Zip <u>02904</u>	
Secretary Name <u>Charlene Marasco</u>		Treasurer Name <u>Davide C. Broccoli</u>	
Street Address <u>34 Colonial Way</u>		Street Address <u>285 Charles Street</u>	
City <u>Rehoboth</u>	State <u>MA</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02769</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	
		<u>NO PAR</u>	
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 <u>Stephen A. Izzi</u>			Date <u>8/18/2023</u>
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

AUG 18 2023  
BY ml 2656

FORM 630 - Revised: 11/2021