



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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BUS SVCS DIV

2023 AUG 18 10:06

1. Entity ID Number <u>001241692</u>		2. Exact name of the Corporation <u>CD GRAZIANO REAL ESTATE & DEVELOPMENT CO.</u>			
3. Principal Office Address <u>8 PENNY Lane</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</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>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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>	Zip <u>02769</u>	City <u>Providence</u>	State <u>RI</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>	Zip <u>02769</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
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		10. Shares Issued			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<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. Izzo</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