



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2021

Corporation

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 001714694		2. Exact name of the Corporation CASTILLO REALTY INC		2023 OCT - 6 P 2:29	
3. Principal Office Address 548 WILLET AVE			City EAST PROVIDENCE	State RI	Zip 02915
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name FLORESTER DIAZ			Vice-President Name		
Street Address 638 ELMWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name FLORESTER DIAZ			Director Name N/A		
Street Address 638 ELMWOOD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	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 FLORESTER DIAZ					Date 09/28/2023
Signature of Authorized Representative Florestor Diaz					FILED 23 OCT - 6 2023 BY V87DQ