RI SOS Filing Number: 202445622380 Date: 2/5/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

## Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1

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SECRITATION STATE	
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7.50	
No.	
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Filing Fee: \$50.00		n N						
Penalty: Additional \$25.00	· _							
1. Entity ID Number 000506323		2. Exact name of the Corporation  Marathon Realty, Inc.						
3. Principal Office Address	Interaction Real	cy,c.	City	<del></del>	State	Zip		
211 Quaker Lane, Suite 201			West Warwick		RI	02893		
4. NAICS Code	6 Brief descript	ion of the characte	or of husiness conducte	ed in Rhode Isl	1.	1		
531312	•	6. Brief description of the character of business conducted in Rhode Island  Real estate brokerage, any ancillary purposes, and all other lawful purposes.						
5. State of Incorporation	7	• ,	•••	•	•			
RI								
7. List ALL officers (names and a	ddresses)		<del></del>	Check th	ne box to ind	icate an attachment		
President Name		Vice-President Name						
Stephen M. Brusini								
Street Address			Street Address					
211 Quaker Lane, Suite 201					<del>,</del>	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City		State	Zip		
West Warwick	RI	02893			<u> </u>			
Secretary Name Stephen M. Brusini			Treasurer Name Stephen M. Brusini					
Street Address			Street Address					
211 Quaker Lane, Suite 201			211 Quaker Lane, Suite 201					
City	State	Zip	City		State	Zip		
West Warwick	RI	02893	West Warwick		RI	02893		
8. List ALL directors (names and	addresses)	_	Check the box to indicate an attachment					
Director Name		Director Name						
Street Address			Street Address					
								City
Director Name			Director Name					
Street Address		Street Address						
City	State	Zip	City		State	Zip		
	Olate	]	J.C.		Ciaic	[-"		
9. Shares Authorized	. Shares Authorized 10. Shares Iss			ued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		100	(	Common Shares		0.01 par value		
Changes require an additional filin	g.							
11. This report must be executed		propration by an au	thorized representative	e. If the corpora	ation is in the	hands of a receiver or		
trustee, this report must be execu				•				
Under penalty of perjury, I deci statements, and that all statem				g any accomp	panying sch	edules and		
Name of Authorized Representat	ive /				Date	130/24		
Stephen M. Brusini	$\mathcal{A}$		/ /			130129		
Signature of Authorized Representative FILED								
MAIL TO:	<del>\</del>	<del></del>						
Division of Business Services	10 Jolona 00004 0045			FEB 0 5	2024 - 11	[4		
148 W. River Street, Providence, Rhoo Phone: (401) 222-3040	ie island 02904-2615			2001	UNi	$\vee$		
Website: www.sos.ri.gov				R1/1/7	UFOR	RM 630 - Revised: 04/2023		