



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

REC'D RIDG 5:50 PM
24 FEB 5 PM 47:25
SECRETARY OF STATE

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

1. Entity ID Number 000506323		2. Exact name of the Corporation Marathon Realty, Inc.			
3. Principal Office Address 211 Quaker Lane, Suite 201			City West Warwick	State RI	Zip 02893
4. NAICS Code 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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen M. Brusini			Vice-President Name		
Street Address 211 Quaker Lane, Suite 201			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Stephen M. Brusini			Treasurer Name Stephen M. Brusini		
Street Address 211 Quaker Lane, Suite 201			Street Address 211 Quaker Lane, Suite 201		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common Shares		
			0.01 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 Stephen M. Brusini					Date 1/30/24
Signature of Authorized Representative					

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
FEB 05 2024
BY ML 1003
FORM 630 - Revised 04/2023