



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED STAMP
FEB 05 2024
[Handwritten signature]

1. Entity ID Number 7045		2. Exact name of the Corporation FORTUNE 500, INC.			
3. Principal Office Address P.O. BOX 7537			City Warwick	State RI	Zip 02887
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Building, Developing, Selling and Leasing of Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John B. Giusti			Vice-President Name Jeffrey Giusti		
Street Address 505 Red Chimney Drive			Street Address 39 Chase Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02818
Secretary Name John B. Giusti			Treasurer Name John B. Giusti		
Street Address 505 Red Chimney Drive			Street Address 505 Red Chimney Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par	
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. <i>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.</i>					
Name of Authorized Representative John B. Giusti <i>[Handwritten Signature]</i>				Date 2/1/24	
Signature of Authorized Representative					

MAIL TO:
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