



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 23 2024

BY 179 DS

1. Entity ID Number 69136		2. Exact name of the Corporation Sardelli Realty Company			
3. Principal Office Address 10 Beacon Hill Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To buy, sell, exchange, hold, maintain, rent, develop & operate all real estate improved and unimproved.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David E. Sardelli			Vice-President Name Paul D. Sardelli		
Street Address 10 Beacon Hill Drive			Street Address 206 Wood Hill Road		
City Warwick	State RI	Zip 02886	City Narragansett	State RI	Zip 02882
Secretary Name Caryn S. Hall			Treasurer Name David E. Sardelli		
Street Address 69 Farm Street			Street Address 10 Beacon Hill Drive		
City Dover	State MA	Zip 02030	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			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/STRIKES		
			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 David E. Sardelli					Date 2/16/2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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