



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.

REC'D RIDOS BSD
24 FEB 23 AM 8:53:23

1. Entity ID Number 000119062		2. Exact name of the Corporation QUIRINUS REALTY, INC			
3. Principal Office Address 1258 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE AND FINANCING			
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 P. Tomasso			Vice-President Name		
Street Address 1258 Elmwood Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name John P. Tomasso			Treasurer Name John P. Tomasso		
Street Address 1258 Elmwood Avenue			Street Address 1258 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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		
			100	Common	\$1.00
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 JOHN P. TOMASSO				Date 02/21/2024	
Signature of Authorized Representative <i>John P. Tomasso</i> w3 FILED 873					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 23 2024
BY 003773
FORM 630- Revised. 12/2023