



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.

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1. Entity ID Number 6882		2. Exact name of the Corporation Marilyn DePetrillo Properties, Inc.			
3. Principal Office Address 455 Meshanticut Valley Parkway, Apt. 217		City Cranston		State RI	Zip 02920
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real Estate Agency			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Marilyn DePetrillo			Vice-President Name Marilyn DePetrillo		
Street Address 455 Meshanticut Valley Parkway, Apt. 217			Street Address 455 Meshanticut Valley Pkway, Apt 217		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Marilyn DePetrillo			Treasurer Name Marilyn DePetrillo		
Street Address 455 Meshanticut Valley Parkway, Apt. 217			Street Address 455 Meshanticut Valley Pkway, Apt 217		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Marilyn DePetrillo			Director Name		
Street Address 455 Meshanticut Valley Parkway, Apt. 217			Street Address		
City Cranston	State RI	Zip 02920	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		common
					PAR VALUE
					None
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 Marilyn DePetrillo, President					Date 2/9/2024
Signature of Authorized Representative <i>Marilyn DePetrillo, President</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2675
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY EVEYR

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FORM 1630 Revised 12/2023