



State of Rhode Island
Department of State - Business Services Division

REC'D RIDD5 B5D
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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.

1. Entity ID Number 18763		2. Exact name of the Corporation IAFRATE REALTY CO., INC.			
3. Principal Office Address x100x Garfield Avenue 20 Shales Landing			City Attleboro	State MA	Zip 02703
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Realty Business			
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 Angela A. Dail			Vice-President Name Maryann B. Carvalho		
Street Address 20 Shales Landing			Street Address 25 Oakwood Avenue		
City Attleboro	State MA	Zip 02703	City Cumberland	State RI	Zip 02864
Secretary Name Maryann B. Carvalho			Treasurer Name Angela A. Dail		
Street Address 25 Oakwood Avenue			Street Address 20 Shales Landing		
City Cumberland	State RI	Zip 02864	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Iafrazi			Director Name		
Street Address 100 Garfield Avenue			Street Address		
City Attleboro	State MA	Zip 02703	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
			200		common
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 Angela A. Dail, President					Date 2/20/24
Signature of Authorized Representative 					FILED

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
MAR 05 2024
BY RZG/WJ
OF 12:51