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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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Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
7009	De Soto	De Soto Realty, Inc.						
Principal Office Address			City		State	Zip		
916 Reservoir Avenue		Cranstor	1	RI	02910			
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island						
531110	To buy, sell, lease, hold and rent real estate and any other lawful business.							
State of Incorporation				•	•			
Rhode Island								
7. List ALL officers (names and a	ddresses)		IV.oo Brosidon	Check t	the box to in	dicate an attachment		
President Name Kathleen G. Di Muro			Vice-President Name Kathleen G. Di Muro					
916 Reservoir Avenue			Street Address 916 Reservoir Avenue					
^{City} Cranston	State RI	^{Z_{IP}} 02910	City Crans	ton	State RI	^{Z_{ip}} 02910		
Secretary Name Kathleen G. Di Muro		Treasurer Name Kathleen G. Di Muro						
Street Address 916 Reservoir Avenue		Street Address 916 Reservoir Avenue						
^{City} Cranston	State RI	^{Zip} 02910	^{City} Cranston		State RI	^{Zıp} 02910		
8. List ALL directors (names and	addresses)			 	the box to in	dicate an attachment 🔲		
Director Name Kathleen G. Di Muro		Director Name						
Street Address 916 Reservoir Avenue			Street Address					
^{City} Cranston	State RI	^{Zip} 02910	City		State	Zıp		
Director Name			Director Name	•		•		
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized 10. Shares Issu								
This information is currently of record in the Department of State.		NUMBER OF	SHARES	COMMON	T	PAR VALUE		
Changes require an additional filin	n	100		Common		No Par Value		
onanges require an available min	a [,]							
11. This report must be executed trustee, this report must be execu					ration is in th	ne hands of a receiver or		
Under penalty of perjury, I deci statements, and that all statem	are and affirm t	hat I have examine	ed this report, i		panying sc	hedules and		
Name of Authorized Representati		nerent are true and	a correct.		Date	1 1		
Kathleen G. Di Muro				FILED	21	2 BUZU:		
Signature of Authorized Represer	tative				· · //	p./ "(7 %_)		
MAR 0 8 2024								
WAIL TO:	/	- loHE21						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov