



**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.

**FILED**  
**MAR 19 2024**  
**BY 29052**

1. Entity ID Number <b>018137</b>		2. Exact name of the Corporation <b>NOTARIANNI REALTY, INC.</b>			
3. Principal Office Address <b>50 LIBERA STREET</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>531190</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWN &amp; LEASE REAL ESTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL J. NOTARIANNI</b>			Vice-President Name <b>DAVID NOTARIANNI</b>		
Street Address <b>50 LIBERA STREET</b>			Street Address <b>11 CARAWAY STREET</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>MICHAEL J. NOTARIANNI</b>			Treasurer Name <b>DAVID NOTARIANNI</b>		
Street Address <b>50 LIBERA STREET</b>			Street Address <b>11 CARAWAY STREET</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>100</b>		<b>COMMON</b>	
				<b>NO PAR</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>DAVID NOTARIANNI</b>					Date <b>3-15-24</b>
Signature of Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)