



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 018137		2. Exact name of the Corporation NOTARIANNI REALTY, INC.			
3. Principal Office Address 50 LIBERA STREET		City CRANSTON		State RI	Zip 02920
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island OWN & LEASE REAL ESTATE				
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 MICHAEL J. NOTARIANNI			Vice-President Name DAVID NOTARIANNI		
Street Address 50 LIBERA STREET			Street Address 11 CARAWAY STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921
Secretary Name MICHAEL J. NOTARIANNI			Treasurer Name DAVID NOTARIANNI		
Street Address 50 LIBERA STREET			Street Address 11 CARAWAY STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921
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		PAR VALUE	
100		COMMON		NO PAR	
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 DAVID NOTARIANNI					Date 3-15-24
Signature of Authorized Representative 					

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