State of Rhode Island
Department of State - Business Services Division

FILED
MAR 18 2024
BY

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	2. Exact name of the Corporation			
000004958	County Road Realty Corporation			
3. Principal Office Address		City	State	Zip
1580 Wampanoag Trail, #200E		Barrington	RI	02806
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531120	Real Estate			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John F. Cuzzone, III			Vice-President Name: Christopher E. Cuzzone		
Street Address: 12 Pine Cone Dr.			Street Address: 25 Knapton St.		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Christopher E. Cuzzone			Treasurer Name: John F. Cuzzone, III		
Street Address: Same as above			Street Address: Same as above		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John F. Cuzzone, III			Director Name: Christopher E. Cuzzone		
Street Address: Same as above			Street Address: Same as above		
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	Common	no par value

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	Date
Christopher E. Cuzzone	3/14/24

Signature of Authorized Representative: Christopher E Cuzzone

MAIL TO:
Division of Business Services
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