



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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| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 72789 | | 2. Exact name of the Corporation 20 Starr Street Realty, LLC Inc. | | | |
| 3. Principal Office Address 20 Starr Street | | | City Johnston | State RI | Zip 02919 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island Holding and improving real estate/property management | | | |
| 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 Frank J. DeFruscio | | | Vice-President Name Suzanne C. DeFruscio | | |
| Street Address 20 Starr Street | | | Street Address 20 Starr Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Suzanne DeFruscio | | | Treasurer Name Frank J. DeFruscio | | |
| Street Address 20 Starr Street | | | Street Address 20 Starr Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Frank J. DeFruscio | | | Director Name Suzanne C. DeFruscio | | |
| Street Address 20 Starr Street | | | Street Address 20 Starr Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 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/STRIKES | | |
| | | | PAR VALUE | | |
| | | | 1040 | | |
| | | | common | | |
| | | | none | | |
| 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 Frank J DeFruscio, President | | | | | Date 2/28/24 |
| Signature of Authorized Representative <i>Frank J. DeFruscio</i> | | | | | |

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

MAR 20 2024
BY ML 5307