



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.

REC'D RIDG5 BSD
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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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		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 					

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

FORM 633 - Revised 12/2023