



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

MAR 20 2024
DIBS *[Signature]*

- 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 110111		2. Exact name of the Corporation Cardin Realty, Inc.			
3. Principal Office Address 44 Fullerton Road			City Warwick	State RI	Zip 02886
4. NAICS Code 53-Real Estate & Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Company			
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 Monette Hinger			Vice-President Name Stephen Hinger		
Street Address 44 Fullerton Road			Street Address 44 Fullerton Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		1000		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 Monette C. Hinger				Date 03/15/2024	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov