



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

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- 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 000104530 | | 2. Exact name of the Corporation NOEL REALTY CO. | | | |
| 3. Principal Office Address 358 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 531210 | | 6. Brief description of the character of business conducted in Rhode Island To own and operate a business for the brokering and purchase of real estate | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Carlos N DaSilva | | | Vice-President Name None | | |
| Street Address 359 Broad Street | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Secretary Name Carlos N DaSilva | | | Treasurer Name Carlos N DaSilva | | |
| Street Address 359 Broad Street | | | Street Address 359 Broad Street | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Carlos N DaSilva | | | Director Name None | | |
| Street Address 359 Broad Street | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | Common | |
| | | | | PAR VALUE | |
| | | | | 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 Carlos N DaSilva | | | | Date 2/8/24 | |
| Signature of Authorized Representative | | | | FILED MAR 22 2024 BY ML 15465 | |

MAIL TO:
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