



**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.

FILED  
 APR 17 2024  
 12:00 PM  
 1700 MENDON ROAD  
 MENDON, RI 02864

1. Entity ID Number 000114785		2. Exact name of the Corporation Mendon Properties Management Inc.			
3. Principal Office Address 1700 Mendon Road			City Cumberland		State RI
Zip 02864					
3. NAICS Code 236200		4. Brief description of the character of business conducted in Rhode Island Property Management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Gino Tonetti			Vice-President Name Dionne Tonetti		
Street Address 3000 North Ocean Dr #39B			Street Address 2640 Lake Shore Dr #2111		
City Riviera Beach	State FL	Zip 33404	City Riviera Beach	State FL	Zip 33404
Secretary Name Gino Tonetti			Treasurer Name Dionne Tonetti		
Street Address 3000 North Ocean Dr #39B			Street Address 2640 Lake Shore Dr #2111		
City Riviera Beach	State FL	Zip 33404	City Riviera Beach	State FL	Zip 33404
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
Changes require an additional filing.		200	Common	1.00	
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.					
<b>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.</b>					
Name of Authorized Representative Gino Tonetti				Date	
Signature of Authorized Representative				APR 17 2024	
				BY 4862	