RI SOS Filing Number: 202460685870 Date: 10/17/2024 12:04:00 PM

State of Rhode Island  Department of State - Business Services Division								
Annual Report for the year: Corporation	2023			RECEIVED				
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				RECEIVED 3.1. DEPT. OF STATE BUS SVCS DIV				
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 000118509	2. Exact name of the Corporation 224 001 17 12:01 Carfar Realty Inc.							
3. Principal Office Address 14 D'Ercole Drive			City Cranst	on	State RI	Ži 0	р 2920	
4. NAICS Code	6. Brief description	on of the characte	l r of busines	s conducted in Rho	ode Island			
531111	Real Estate Rentals							
5. State of Incorporation Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Francesco Barone				Vice-President Name Carmela Barone				
Street Address 14 D'ercole Drive			Street Address 14 D'ercole Drive					
<sup>City</sup> Cranston	State RI	<sup>Z<sub>ip</sub></sup> 02920	<sup>City</sup> Cranston		State	RI 0	2920	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıı	р	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	State		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zi	р	
9. Shares Authorized		10. Shares Issue				licate an attacl		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE  CNP 0.0		CANTOL		
					-			
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				Date				
Franceso Barone				10/08/2024				
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 BY 16235 HA. 12:04 FORM 630- Revised: 12/2023