



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 8673		2. Exact name of the Corporation Santurri Realty, Inc.			
3. Principal Office Address c/o Dennis DeSantis Ltd., 2220 Plainfield Pike		City Cranston		State RI	Zip 02921
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rocco Santurri			Vice-President Name Rocco Santurri		
Street Address 310 Capulet Drive			Street Address 310 Capulet Drive		
City Venice	State FL	Zip 34292	City Venice	State FL	Zip 34292
Secretary Name Thomas Santurri			Treasurer Name Thomas Santurri		
Street Address 103 Grand Oak Circle			Street Address 103 Grand Oak Circle		
City Venice	State FL	Zip 34292	City Venice	State FL	Zip 34292
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Santurri			Director Name Rocco Santurri		
Street Address 66 A Street			Street Address 310 Capulet Drive		
City Cranston	State RI	Zip 02920	City Venice	State FL	Zip 34292
Director Name Thomas Santurri			Director Name		
Street Address 103 Grand Oak Circle			Street Address		
City Venice	State FL	Zip 34292	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			400	Common	No Par
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 Rocco Santurri					Date 12-30-2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021