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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.

1. Entity ID Number 000031999		2. Exact name of the Corporation C.D. PULEO REALTY, INC	
3. Principal Office Address 549 BRANCH AVENUE		City PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island LISTING, SELLING, RENTALS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name CLAIRE D. PULEO		Vice-President Name STEPHEN P. PULEO	
Street Address 549 BRANCH AVENUE		Street Address 549 BRANCH AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
Secretary Name CLAIRE D. PULEO		Treasurer Name STEPHEN P. PULEO	
Street Address 549 BRANCH AVENUE		Street Address 549 BRANCH AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name CLAIRE D. PULEO		Director Name STEPHEN P. PULEO	
Street Address 549 BRANCH AVENUE		Street Address 549 BRANCH AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02904	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 ☐	
		NUMBER OF SHARES 1000	CLASS/SERIES PAR VALUE \$0.0000
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 <i>Claire D. Puleo</i>		Date 02/06/2025	
Signature of Authorized Representative		FILED 1:42 FEB 06 2025	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.scs.ri.gov

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