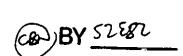
ι						REC D RIDO		
State of Rhode Island Department of State - Business Services Division					CD RIDOS			
Corporation					1:42 1:42			
Filing period: Februar Filing Fee: \$50.00 Penalty: Additional \$2		not filed hy May 31			350 42:30			
Tricing in Manager	<ol><li>Exact nan</li></ol>	me of the Corporatio	on					
000031999	C.D. Pl	ULEO REALT	ΓY,INC					
<ol><li>Principal Office Address</li><li>549 BRANCH AVEN</li></ol>			City		State	Zip		
4. NAICS Code					RI	02904		
531110	LISTIN	cription of the characteristics, FIG, SELLING, F	ater of business of RENTALS	conducted in Rho	de Island			
5. State of Incorporation RI								
7. List ALL officers (names an				Check th	e hoy to indica	te an attachment		
CLAIRE D.	CLAIRE D. PULEO			ot Name STEPHE	EN P. PULI	e an attacriment <u> </u>		
	CH AVENUE		Street Address	s 549 BRANC	H AVENUE			
PROVIDENCE Secretary Name	State RI	<sup>Zip</sup> 02904	City PROV	IDENCE	State RI	Zin		
Secretary Name CLAIRE D	. PULEO		Treasurer Nam	Treasurer Name STEPHEN P. PULEO				
	CH AVENUE		Street Address	<sup>s</sup> 549 BRANC	H AVENUE			
PROVIDENCE	State RI	<sup>Zip</sup> 02904	City PROV	IDENCE	State RI	Zip 029040		
8. List ALL directors (names ar Director Name				Check the		e an attachment		
CLAIRE D. F		Director Name	STEPHEN P					
	CH AVENUE		Street Address	549 BRANC				
City PROVIDENCE	State RI	<sup>Zip</sup> 02904	City PROVI		State RI	Zip 02904		
Director Name		<del></del>	Director Name			02007		
Street Address			Street Address			<del></del>		
City	State	Zip	City		State	Zip		
9. Shares Authorized This information is currently of a		10. Shares Issu	ied	Check the	e box to indicate	e an attachment		
This information is currently of n Department of State.	ecord in the	NUMBER OF S	SHARES	CLASS/SER	RIES	PAR VALUE		
Changes require an additional filing.		1000	1000			\$0.0000		
11. This report must be execute ceiver or trustee, this report must Under penalty of perius. I de	ed on behalf of the course he executed on the	corporation by an au	ithorized represe	entative. If the cor	poration is in th	e hands of a re-		
Under penalty of perjury, I de-	clare and affirm th	at I have examine	ation by the recei	ver or trustee.	omnanvina sc	hadulae and		
statements, and that all states Name of Authorized Representa	ments contained h	ierein are true and	correct.					
Clave F	J. Pul	Lora .	~·· ~	-	Date 02/06/2	Date 02/06/2025		
Signature of Authorized Represe	entative		FILE	D 127 -				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.scs.n.gov



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