



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.

FILED

FEB 05 2025

BY 2675

1. Entity ID Number <u>000086382</u>		2. Exact name of the Corporation <u>Catoway Family Group, INC</u>			
3. Principal Office Address <u>982 Frenchtown Rd.</u>		City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	
4. NAICS Code <u>531210</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Sales & Management</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>David Iannucci '11</u>			Vice-President Name <u>Shawn Iannucci '11</u>		
Street Address <u>982 Frenchtown Rd.</u>			Street Address <u>982 Frenchtown Rd.</u>		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name			Treasurer Name <u>David Iannucci '11</u>		
Street Address			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>David Iannucci '11</u>			Director Name <u>Shawn Iannucci '11</u>		
Street Address <u>982 Frenchtown Rd.</u>			Street Address <u>982 Frenchtown Rd.</u>		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>2,000</u>		<u>3H</u>	
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 <u>David Iannucci '11</u>				Date <u>2-5-2025</u>	
Signature of Authorized Representative <u>David Iannucci '11</u>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov