RI SOS Filing Number: 202566687660 Date: 3/6/2025 4:00:00 PM



## 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

	_							
$\rightarrow$	Danali	ا ــــاندالسام	606.0	۱۸ <i>د</i> ۱			d by May 3	4
	Penaliv	Additional	- シノカコ	111100	II IOIM IS	L DOT THE	7 NV 682V (	1

1 Entity ID Number	2. Exact name of the Corporation										
3641	CARLTON REALTY, INC.										
3. Principal Office Address	<u> </u>	City			State		Zıp				
1400 Elmwood Avenue			Cranston		RI		02910				
4. NAICS Code	6 Brief description	otion of the character of business conducted in Rhode Island									
531110											
5 State of Incorporation	İ										
Rhode Island											
<ol><li>List ALL officers (names and add</li></ol>	resses)			Check the	box to indi	cate an atta	achment 🗆				
President Name Vincent R. Dell	Buono		Vice-President Name Marie DelBuono								
Street Address 1400 Elmwood	Avenue		Street Address 1400 Elmwood Avenue			ue					
<sup>City</sup> Cranston	Stale RI	<sup>Zip</sup> 02910	City Cranston		State	RI	<sub>Zір</sub> 02910				
Secretary Name James DelBuo		Treasurer Name Marie DelBuono									
Street Address 1400 Elmwood		Street Address 1400 Elmwood Avenue									
<sup>City</sup> Cranston	State RI	<sup>Z<sub>IP</sub></sup> 02910	City Cra	nston	State	RI	<sup>Zip</sup> 02910				
8 List ALL directors (names and ad	dresses)	*		Check the	box to indi	cate an atta	achment 🔲				
Director Name None		Director Name None									
Street Address		Street Address									
ity State		Zip	City	State			Zıp				
Director Name None	•	Director Name None									
Street Address		Street Address		ress							
City	State	Zip	City	·····	State		Zip				
9. Shares Authorized		10. Shares Issued Check t			box to ind	licate an att	lachment 🔲				
This information is currently of recor	d in the	NUMBER OF SHARES		CLASS/SERIES PAR VALUE							
Department of State.		600	Common		No F		<sup>o</sup> ar				
Changes require an additional filing.											
<ol> <li>This report must be executed or ceiver or trustee, this report must be</li> </ol>					oration is	in the hand	ls of a re-				
Under penalty of perjury, I declar	e and affirm that	I have examined	this repor		mpanying	g schedule	s and				
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date											
Vincent R DelBuono V3/3/2027											
Signature of Authorized Representative											
<del></del>	- <del></del>										

MAIL TO:

MAIL FO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov