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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 000067061		2. Exact name of the Corporation COST REALTY, Inc			
3. Principal Office Address 21 Greenwood Lane			City Lincoln	State RI	Zip 02865
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory J. Costantino			Vice President Name Gregory J. Costantino		
Street Address 21 Greenwood Ln			Street Address 21 Greenwood Ln.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Gregory J. Costantino			Treasurer Name Gregory J. Costantino		
Street Address 21 Greenwood Lane			Street Address 21 Greenwood Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		1000			0.00
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 Gregory Costantino					Date
Signature of Authorized Representative <i>Gregory J. Costantino</i>					

FILED

MAR 10 2025
BY loba AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov