



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.

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STATE  
DEPARTMENT OF STATE  
BUSINESS SERVICES DIVISION

1. Entity ID Number 000087492		2. Exact name of the Corporation 911 Porsche Corp.	
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100		City Providence	State RI
		Zip 02903	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION OF REAL ESTATE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Stefania M. Mardo		Vice-President Name	
Street Address 101 Plain Street, 1st Floor, Suite 100		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name Stefania M. Mardo		Treasurer Name Stefania M. Mardo	
Street Address 101 Plain Street, 1st Floor, Suite 100		Street Address 101 Plain Street, 1st Floor, Suite 100	
City Providence	State RI	Zip 02903	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		500	CNP
			\$0.00
Changes require an additional filing.			
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 Stefania M. Mardo			Date 3-27-25
Signature of Authorized Representative 			

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

FILED

APR 03 2025

BY

FORM 630- Revised. 12/2023