RI SOS Filing Number: 202574247610 Date: 5/29/2025 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
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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2025 MAY 29 AM 11:44

1. Entity ID Number	2. Exact name of the Corporation			
000122802	Fletcher Realty Inc.			
3. Principal Office Address		City	State	Zip
10 Fletcher Ave		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Rental Property			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: George D'Antico			Vice-President Name: George D'Antico		
Street Address: 10 Fletcher Ave			Street Address: 10 Fletcher Ave		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: George D'Antico			Treasurer Name: George D'Antico		
Street Address: 10 Fletcher Ave			Street Address: 10 Fletcher Ave		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	None

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		Date
Gina Goncalo	FILED MAY 29 2025	05/20/2025
Signature of Authorized Representative	BY	
Gina Goncalo		

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

FORM 630- Revised. 12/2023