



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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BUS SVCS DIV

1. Entity ID Number <u>000122802</u>		2. Exact name of the Corporation <u>Fletcher Realty Inc.</u>	
3. Principal Office Address <u>10 Fletcher Ave</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Rental Property</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>George D'Antico</u>		Vice-President Name <u>George D'Antico</u>	
Street Address <u>10 Fletcher Ave</u>		Street Address <u>10 Fletcher Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name <u>George D'Antico</u>		Treasurer Name <u>George D'Antico</u>	
Street Address <u>10 Fletcher Ave</u>		Street Address <u>10 Fletcher Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>Common</u>
			<u>None</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. <u>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.</u>			
Name of Authorized Representative <u>Gina Goncalo</u>		FILED <u>MAY 29 2025</u>	Date <u>05/20/2025</u>
Signature of Authorized Representative <u>Gina Goncalo</u>		BY <u>U 2856</u>	

MAIL TO:
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