



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

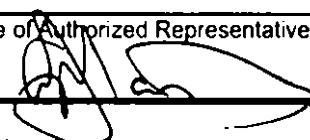
Corporation

- 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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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 141474		2. Exact name of the Corporation Natalie Realty, Inc.			
3. Principal Office Address 1239 Hartford Ave.		City Johnston		State RI	Zip 02919
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To operate, own, manage and maintain real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Albert J. Marano, M.D.		Vice-President Name			
Street Address 1239 Hartford Ave.		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8,000	CWP	\$0.01	
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 Albert J. Marano, M.D.				Date 9/13/25	
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

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BY NEBOM

FORM 630- Revised 12/2023