



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

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<br>141474                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>Natalie Realty, Inc.                                                                         |                                                                                                                       |             |                |
| 3. Principal Office Address<br>1239 Hartford Ave.                                                                                                                                                                                                 |             | City<br>Johnston                                                                                                                 |                                                                                                                       | State<br>RI | Zip<br>02919   |
| 4. NAICS Code<br>811111                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>To operate, own, manage and maintain real estate. |                                                                                                                       |             |                |
| 5. State of Incorporation<br>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<br>Albert J. Marano, M.D.                                                                                                                                                                                                          |             |                                                                                                                                  | Vice-President Name                                                                                                   |             |                |
| Street Address<br>1239 Hartford Ave.                                                                                                                                                                                                              |             |                                                                                                                                  | Street Address                                                                                                        |             |                |
| City<br>Johnston                                                                                                                                                                                                                                  | State<br>RI | Zip<br>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) <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                                                                                                                              | City                                                                                                                  | State       | Zip            |
| Director Name                                                                                                                                                                                                                                     |             |                                                                                                                                  | Director Name                                                                                                         |             |                |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                                                  | Street Address                                                                                                        |             |                |
| City                                                                                                                                                                                                                                              | State       | Zip                                                                                                                              | City                                                                                                                  | State       | Zip            |
| 9. Shares Authorized                                                                                                                                                                                                                              |             |                                                                                                                                  | 10. Shares Issued <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.<br><br>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<br>Albert J. Marano, M.D.                                                                                                                                                                                       |             |                                                                                                                                  |                                                                                                                       |             | Date<br>9/3/25 |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |             |                                                                                                                                  |                                                                                                                       |             |                |

MAIL TO:  
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FILED  
BY NEBOM

FORM 630- Revised 12/2023