



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 97198		2. Exact name of the Corporation REAL ESTATE MASTERS, INC.			
3. Principal office address 1313 JEFFERSON BOULEVARD		City WARWICK		State RI	Zip 02886
4. Business Phone No. 401-738-1130		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A GENERAL BROKERAGE AGENCY AND COMMISSION BUSINESS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GAYLE M. MOONE			Vice-President Name RICHARD E. MOONE		
Street Address 29 JOB DRIVE			Street Address 29 JOB DRIVE		
City W. KINGSTON	State RI	Zip 02892	City W. KINGSTON	State RI	Zip 02892
Secretary Name BRIAN DUPONT			Treasurer Name BRIAN DUPONT		
Street Address 52 PLEASANT VIEW DRIVE			Street Address 52 PLEASANT VIEW DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			999	COMMON	NO PAR

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 filed on behalf of the corporation by the receiver or trustee.

FILED

JAN 04 2016

File Date

Check No

By

BY

4950

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

GAYLE M. MOONE

Print or Type Name of Authorized Representative