



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A GENERAL BROKERAGE AGENCY AND COMMISSION BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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 <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			NO PAR		
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 GAYLE M. MOONE					Date 1/9/17
Signature of Authorized Representative <i>Gayle M. Moone</i>					FILED JAN 17 2017 BY 5443 DS
SIGN DOCUMENT HERE					

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