



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

Annual Report for the year: 2018
 Corporation

FILED

FEB 12 2018

LO

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

BY 2120

1 Entity ID Number 000101944		2 Exact name of the Corporation RPV, INC.			
3 Principal Office Address 289 COWESETT AVE SUITE 14		City WEST WARWICK	State RI	Zip 02893	
4 NAICS Code 531311		6 Brief description of the character of business conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL NARDELLA			Vice-President Name MICHAEL NARDELLA		
Street Address 289 COWESETT AVE. SUITE 14			Street Address 289 COWESETT AVE. SUITE 14		
City W. WARWICK	State RI	Zip 02893	City W. WARWICK	State RI	Zip 02893
Secretary Name MICHAEL NARDELLA			Treasurer Name MICHAEL NARDELLA		
Street Address 289 COWESETT AVE SUITE 14			Street Address 289 COWESETT AVE SUITE 14		
City W. WARWICK	State RI	Zip 02893	City W. WARWICK	State RI	Zip 02893
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 100.00		10 Shares Issued 100.00		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SE/RIS	PAR VALUE
		100		CNP	\$0.00
Changes require an additional filing.					
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 MICHAEL NARDELLA					Date 2/8/18
Signature of Authorized Representative <i>Michael Nardella Pres.</i>					