



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

Annual Report for the year: 2018
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 97049		2. Exact name of the Corporation SBAM Realty Corp.	
3. Principal Office Address 120 Lavan Street		City Warwick	State RI
		Zip 02888	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island ownership and operation of a real estate brokerage and listing business, the sale, rental and management of real estate		
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 Salvatore B. Moio		Vice-President Name	
Street Address 120 Lavan Street		Street Address	
City Warwick	State RI	Zip 02888	
Secretary Name Salvatore B. Moio		Treasurer Name Salvatore B. Moio	
Street Address 120 Lavan Street		Street Address 120 Lavan Street	
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 Salvatore B. Moio		Director Name	
Street Address 120 Lavan Street		Street Address	
City Warwick	State RI	Zip 02888	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> <small>NUMBER OF SHARES</small> 500		<small>CLASS/SERIES</small> Common	
		<small>PAR VALUE</small> No Par Value	
This information is currently of record in the Department of State. 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. <i>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.</i>			
Name of Authorized Representative 		Date 2/26/18	
Signature of Authorized Representative Salvatore B. Moio			

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

FILED

MAR 01 2018

BY 2317 OS