



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 158554		2. Exact name of the Corporation COLLEGIATE PROPERTIES INC.			
3. Principal Office Address 100 NORTH RIVER DRIVE		City NARRAGANSETT	State R.I.	Zip 02882	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island R.E. MGMT				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MARGUERITE M. SALVATORE		Vice-President Name ANTONIO SALVATORE JR.			
Street Address 100 NORTH RIVER DRIVE		Street Address 14 HOMELAND AVE			
City NARRAGANSETT	State R.I.	Zip 02882	City NARRAGANSETT	State R.I.	Zip 02882
Secretary Name JULIAN L. SALVATORE		Treasurer Name			
Street Address 100 NORTH RIVER DRIVE		Street Address			
City NARRAGANSETT	State R.I.	Zip 02882	City	State	Zip
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500		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 MARGUERITE M. SALVATORE				Date 2-25-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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