



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 66117		2. Exact name of the Corporation RE/MAX Advantage Group, Ltd.										
3. Principal Office Address 652 East Avenue		City Warwick	State RI									
		Zip 02886										
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To operate and conduct a real estate brokerage agency											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Carolyn Petreccia		Vice-President Name Carolyn Petreccia										
Street Address 27 Nicole Drive		Street Address 27 Nicole Drive										
City West Warwick	State RI	City West Warwick	State RI									
Zip 02893		Zip 02893										
Secretary Name Carolyn Petreccia		Treasurer Name Carolyn Petreccia										
Street Address 27 Nicole Drive		Street Address 27 Nicole Drive										
City West Warwick	State RI	City West Warwick	State RI									
Zip 02893		Zip 02893										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1500</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1500	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1500	Common	No Par Value										
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 Carolyn Petreccia		Date 2/28/18										
Signature of Authorized Representative <i>Carolyn Petreccia</i>		SIGN DOCUMENT HERE										

FILED

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

MAR 16 2018

BY 7757 DS FORM 630 - Revised: 10/2017