RI SOS Filing Number: 202031475130 Date: 1/8/2020 4:00:00 PM State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

STAMP	
JAN 0 8 2020 MP	
BY LIMES	ļ
The same of the same	:

Penalty: Additional \$2	5.00 fee if form is i	not filed by April 1.		٠	a sa rygip as pa	.·(),(.)	
Entity ID Number	2. Exact na	2. Exact name of the Corporation				<u>, </u>	
000100354	Rebecca	Rebecca Lee Mayer Real Estate Services, Inc.					
3. Principal Office Address	<u></u>	City		State	Zip		
c/o Residential Properties, LTD 140 Wickenden Street			Providence		RI	02903	
4. NAICS Code	6. Brief des	cription of the chara	acter of business condu	cted in Rhode Isla	ind		
531210	Real Estat	Real Estate Sales					
5. State of Incorporation							
RI	•						
7. List ALL officers (names a	and addresses)	·			e box to indi	cate an attachment 🔲	
President Name Rebecca L. Mayer			Vice-President Name				
Street Address 30 Parkside Road			Street Address				
City Providence	State RI	^{Zip} 02906	City -		State	Zip	
Secretary Name	<u> </u>		Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Check th	e box to indi	cate an attachment	
Director Name			Director Name		· · ·		
Street Address			Street Address				
Olicerrodiess			Street Address				
City	State	Zip	City		State	Zip	
Director Name	<u>, </u>		Director Name		<u> </u>	·	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		·				·	
Shares Authorized This information is currently of record in the			10. Shares Issued NUMBER OF SHARES.		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State.		2000			·	PAR VALUE	
Changes require an additiona	l filing.	<u> </u>					
11. This report must be exec	cuted on behalf of th	e comoration by an	authorized representat	ive If the cornora	tion is in the	hands of a receiver or	
trustee, this report must be e	executed on behalf of	of the corporation b	y the receiver or trustee		-		
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have exami	ned this report, includ	ling any accomp	anying sch	edules and	
Name of Authorized Represe		<u>u nerein are true a</u>	ina correct.		Date	<u> </u>	
Rebedea L. Mayer			1/4/2020				
Signal e o Authorized Rep	resentative	SIGN D	OCUMENT HERE				
MAIL 26:	4						

Division of Business Services

148 W. River Street, Providence, Rhole Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov