



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

Annual Report for the year: **2020**

Corporation _____

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

FILED
JAN 29 2020 **STAMP**

1610

1. Entity ID Number 21783		2. Exact name of the Corporation ROJOE REALTY, INC.			
3. Pncipal Office Address 51 Glenmere Drive		City Cranston	State RI	Zip 02920	
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 Cynthia M. Capaldi		Vice-President Name None			
Street Address 51 Glenmere Drive		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Cynthia M. Capaldi		Treasurer Name Cynthia M. Capaldi			
Street Address 51 Glenmere Drive		Street Address 51 Glenmere Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cynthia M. Capaldi		Director Name			
Street Address 51 Glenmere Drive		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR. VA. UF.
			100	COMMON	NONE
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 Cynthia M. Capaldi, President				Date 1-24-2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov