



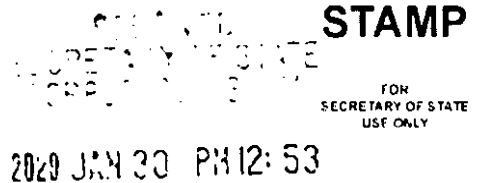
RI SOS Filing Number: 202033416690 Date: 1/30/2020 4:00:00 PM

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.



1. Entity ID Number 507913		2. Exact name of the Corporation REAL PRO REHAB SPECIALISTS AND CONSULTANTS, INC.												
3. Principal Office Address 40 WEYBOSSET STREET, #1-B			City BOSTON	State MA	Zip 02136									
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING, RESIDENTIAL HOME INSPECTIONS AND RESIDENTIAL/COMMERCIAL RENOVATIONS													
5. State of Incorporation MASSACHUSETTS														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name GREGORY A. ROBINSON			Vice-President Name GREGORY A. ROBINSON											
Street Address 40 WEYBOSSET STREET, #1-B			Street Address 40 WEYBOSSET STREET, #1-B											
City BOSTON	State MA	Zip 02136	City BOSTON	State MA	Zip 02136									
Secretary Name VALERIE ROBINSON			Treasurer Name GREGORY A. ROBINSON											
Street Address 40 WEYBOSSET STREET, #1-B			Street Address 40 WEYBOSSET STREET, #1-B											
City BOSTON	State MA	Zip 02136	City BOSTON	State MA	Zip 02136									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
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.		<table border="1"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	100	COMMON	NO PAR VALUE			
		NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE										
		100	COMMON	NO PAR VALUE										
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 GREGORY A. ROBINSON				Date 01/30/2020										
Signature of Authorized Representative <i>[Signature]</i>														

FILED

SIGN DOCUMENT HERE
JAN 30 2020

BY **7371 A.A.**

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