



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.

SECRETARY OF STATE  
 CORPORATIONS SECTION

**STAMP**

FOR SECRETARY OF STATE  
 USE ONLY

2020 JAN 30 PM 12:53

1. Entity ID Number <b>507913</b>		2. Exact name of the Corporation <b>REAL PRO REHAB SPECIALISTS AND CONSULTANTS, INC.</b>			
3. Principal Office Address <b>40 WEYBOSSET STREET, #1-B</b>			City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02136</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTING, RESIDENTIAL HOME INSPECTIONS AND RESIDENTIAL/COMMERCIAL RENOVATIONS</b>			
5. State of Incorporation <b>MASSACHUSETTS</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GREGORY A. ROBINSON</b>			Vice-President Name <b>GREGORY A. ROBINSON</b>		
Street Address <b>40 WEYBOSSET STREET, #1-B</b>			Street Address <b>40 WEYBOSSET STREET, #1-B</b>		
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02136</b>	City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02136</b>
Secretary Name <b>VALERIE ROBINSON</b>			Treasurer Name <b>GREGORY A. ROBINSON</b>		
Street Address <b>40 WEYBOSSET STREET, #1-B</b>			Street Address <b>40 WEYBOSSET STREET, #1-B</b>		
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02136</b>	City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02136</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SRILS	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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 <b>GREGORY A. ROBINSON</b>				Date <b>01/6/2020</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE <b>IAN 30 2020</b> <b>BY [371] A.A.</b>	

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