RI SOS Filing Number: 202035780780 Date: 3/2/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

MAR 0 2 2020

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe		<u> </u>			_	
1. Entity ID Number 313746	2. Exact name of the Corporation RI ELITE PROPERTIES, INC.					
3. Principal Office Address			City	- ·	State	Zip
20 HARRISON STREET			BRISTOL		RI	02809
4. NAICS Code 531390	Brief description of the character of business conducted in Rhode Island     TO OWN AND DEVELOP REAL ESTATE					
5. State of Incorporation RI						
7. List ALL officers (names and add			Check the box to indicate an attachment			
President Name EMMANUEL PIMEN	Vice-President Name EMMANUEL PIMENTEL					
Street Address 20 HARRISON STRE	Street Address 20 HARRISON STREET					
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTOL		State RI	<sup>Zip</sup> 02809
Secretary Name EMMANUEL PIMENTEL			Treasurer Name EMMANUEL PIMENTEL			
Street Address 20 HARRISON STREET			Street Address 20 HARRISON STREET			
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTO	L	State RI	<sup>Zip</sup> 02809
<ol><li>List ALL directors (names and ac</li></ol>	ldresses)			Check	the box to in	ndicate an attachment
Director Name EMMANUEL PIMEN	Director Name	Director Name				
Street Address 20 HARRISON STREET			Street Address			
City BRISTOL	State RI	<sup>Zip</sup> 02809	City	<del></del>	State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	<del> </del>	State	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.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
				COMMON	·	NO PAR
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  Date						
EMMANUEL PIMENTEL					Date	14/20
Signature of Authorized Representative						
SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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