RI SOS Filing Number: 202037146520 Date: 4/2/2020 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.

FILED
APR 02 2020
BY 2391 DS

1. Entity ID Number	2. Exact name of the Corporation
97049	SBAM Realty Corp.

3. Principal Office Address	City	State	Zip
1224 Narragansett Boulevard	Cranston	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531210	Ownership and operation of a real estate brokerage and listing business; the sale, rental and management of real estate.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Salvatore B. Moio	Vice-President Name: None
Street Address: 1224 Narragansett Boulevard	Street Address:
City: Cranston State: RI Zip: 02905	City: State: Zip:
Secretary Name: Salvatore B. Moio	Treasurer Name: Salvatore B. Moio
Street Address: 1224 Narragansett Boulevard	Street Address: 1224 Narragansett Boulevard
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Salvatore B. Moio	Director Name:
Street Address: 1224 Narragansett Boulevard	Street Address:
City: Cranston State: RI Zip: 02905	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	500	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.

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: Salvatore B. Moio
Date: 3/31, 2020
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.ri.gov

FORM 630 - Revised: 10/2017