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State of Rhode Island

Department of State - Business Services Division

FILED
JAN 21 2021
BY

Annual Report for the year: 2021

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	2. Exact name of the Corporation		
788284	Rustic Maangement, Ltd		
3. Principal Office Address	City	State	Zip
242 Narragansett Ave	Jamestown	RI	02835
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531311	property management		
5. State of Incorporation			
RI			

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

President Name: Joseph P. McGrady, Jr.			Vice-Presiden: Name: Frederic G. Presbrey		
Street Address: 252 Narragansett Ave			Street Address: 45 Peacable St		
City: Jamestown	State: RI	Zip: 02835	City: Ridgefield	State: CT	Zip: 06877
Secretary Name: Joseph P. McGrady, Jr.			Treasurer Name: Frederic G. Presbrey		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: N/A			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	1.00

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
Frederic G. Presbrey	01/19/21
Signature of Authorized Representative	

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: 08/2020