



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

JAN 21 2021

BY

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- 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 788284		2. Exact name of the Corporation Rustic Maangement, Ltd			
3. Principal Office Address 242 Narragansett Ave			City Jamestown	State RI	Zip 02835
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island property management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph P. McGrady, Jr.			Vice-President 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 <input type="checkbox"/>					
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		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.		NUMBER OF SHARES		CLASS/SERIES	
		2000		Common	
				PAR VA. UF	
				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 Frederic G. Presbrey				Date 01/19/21	
Signature of Authorized Representative					

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