RI SOS Filing Number: 202189089720 Date: 1/29/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JAN 29 P 2:09

1. Entity ID Number	2. Exact name of the Corporation
799107	Real Estate Institute of Rhode Island, Inc.

3. Principal Office Address	City	State	Zip
980 Reservoir Avenue	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611519	The instruction of future real estate salespersons and any other lawful business.
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Robert A. Scaralia	Robert A. Scaralia
Street Address: 980 Reservoir Avenue	Street Address: 980 Reservoir Avenue
City: Cranston, State: RI, Zip: 02910	City: Cranston, State: RI, Zip: 02910
Secretary Name: Robert A. Scaralia	Treasurer Name: Robert A. Scaralia
Street Address: 980 Reservoir Avenue	Street Address: 980 Reservoir Avenue
City: Cranston, State: RI, Zip: 02910	City: Cranston, State: RI, Zip: 02910

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

Director Name	Director Name
Robert A. Scaralia	
Street Address: 980 Reservoir Avenue	Street Address
City: Cranston, State: RI, Zip: 02910	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
100	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: Robert A. Scaralia, President

FILED

Date: 01/11/2021

Signature of Authorized Representative

SIGN DOCUMENT HERE

JAN 29 2021

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

BK 7270

FORM 630 - Revised: 10/2017